

NORTHEAST FLORIDA HEALTHCARE COALITION

Virtual Meeting Due to COVID-19

Join Zoom Meeting: <https://nefrc-org.zoom.us/j/2451626595>

Or Call 1-786-635-1003 Code: 245-162-6595



Quarterly General Membership Meeting Agenda

Wednesday, September 16 @ 1pm

I. Call to Order

- Validation of Voting Members [accept designees, if required]
- *Approval of Minutes from 7/15/20 Executive Board Meeting

II. Financial

- *Budget Report (July 2020 & August 2020)
- Expenditure Requests
- Management and Administration
 - Long-Term Care Member Packages – Next Steps with PPE
 - CDBG: Mitigation Grant – Planning
 - Healthcare Resiliency Plan for the Health and Medical Lifeline
 - ASPR Funding: COVID-19 Preparedness and Response Activities

III. Business

- *Approval of General Membership Requests (as of 9/8/20)
- Executive Board – Recent Voting Member Changes
 - Tim Devin – New Vice-Chairperson
 - Resolution – Tim Connor
- *Coalition Bylaws – Adopt Draft Changes
- Special Meeting: Project Funding/ Project Awards FY 2020-2021
- Presentation: Child Life Disaster Relief (Local Organization Resource)
 - Danielle Eaves Hernandez, Northeast Florida Program Manager
- Draft COVID-19 After-Action Report/Improvement Plan
- Training and Exercise – Virtual Options
- Upcoming Events
 - All in-person events postponed or cancelled due to COVID-19

IV. Member Reports

- Board Member Reports
- Open Discussion

VII. Adjourn

October 21st - Executive Board Meeting (via Zoom)

December 16th - Quarterly General Membership Meeting (via Zoom)

NEFLHCC Executive Board

Executive Board

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

Six Voting Members = Quorum

Membership by County

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

TOTAL = 12

Tiebreak Vote

Regional Emergency
Response Advisor

Executive Board

Chair: Rich Ward, Hospitals

Vice-Chair: Tim Devin, EMS

Secretary/Treasurer: Kristy Siebert, Home Health

6 County Reps

Baker County
Bek Parker

Clay County
Sonny Rodgers

Duval County
Richard Ward

Flagler County
Suzette Reese

Nassau County
Ronnie Nessler

St. Johns County
Noreen
Nickola-Williams

4 Discipline Reps

Emergency Management
Percy Golden

EMS
Tim Devin

Hospital
Rich Ward

Public Health
Robert Snyder

2 At-Large Reps

Long Term Care
Jeff Markulik

Home Health
Kristy Siebert

* As of 9/16/2020



Northeast Florida
Healthcare
COALITION
For Disaster Preparedness

Northeast Florida Healthcare Coalition Voting Members & Designated Alternates (9/16/2020)

Six Voting Members = Quorum

Representation	Voting Member	Alternate Name	Alternate's Agency	Appointing Authority
Baker County	Bek Parker	<u>Alternate Needed</u>		ESF 8 Partners
Clay County	Sonny Rodgers	Luis Herrera	FDOH - Clay	ESF 8 Partners
Duval County	Richard Ward	Winston Gibbs	FDOH – Duval	ESF 8 Partners
Flagler County	Suzette Reese	Bob Pickering	Flagler County Emergency Mgmt.	ESF 8 Partners
Nassau County	Ronnie Nessler	Mike Godwin	FDOH - Nassau	ESF 8 Partners
St. John County	Noreen Nickola-Williams	Greta Hall	St. Johns County Fire/Rescue	ESF 8 Partners
Emergency Management	Percy Golden	<u>Alternate Needed</u>		Regional Emergency Managers
EMS	Tim Devin	<u>Alternate Needed</u>		First Coast EMS Advisory Council
Hospitals	Rich Ward	Dave Chapman	Ascension St. Vincent's	First Coast Disaster Council
Public Health	Robert Snyder	<u>Alternate Needed</u>		Regional Public Health Officers
Long-Term Care	Jeff Markulik	Micah Barth	River Garden Hebrew Home	Florida Healthcare - District
Home Health	Kristy Siebert	Theresa Gates	Beyond Home Health Care Services	

Chair: Rich Ward, Hospitals

Vice-Chair: Tim Devin, EMS

Secretary/Treasurer: Kristy Siebert, Home Health



NEFLHCC Executive Board Meeting
July 15, 2020 @ 1pm
Meeting Notes

The July Executive Board Meeting of the Northeast Florida Healthcare Coalition was a virtual meeting held via Zoom teleconference technology. A virtual meeting was held because of social distancing requirements due to COVID-19. The meeting commenced at 1:00pm on Wednesday, July 15, 2020.

CALL TO ORDER

The meeting was called to order by Chairperson Rich Ward (Hospital) with a validation of a quorum, with the following Board members present:

Baker County – Bek Parker (alternate)
Clay County – Sonny Rodgers
Flagler County – Suzette Reese
Nassau County – Ronnie Nessler
St. Johns County – Noreen Nickola-Williams
Emergency Management – Tim Connor
EMS – Tim Devin (alternate)
Hospitals – Rich Ward
Long Term Care – Jeff Markulik
Home Health – Kristy Siebert

Absent:

Duval County – Richard Ward
Public Health – Robert Snyder

A sign-in sheet was developed from the Zoom meeting attendance roster and emails received from attendees who participated by phone.

Approval of Minutes

The draft minutes and sign-in sheet from the June 17, 2020 meeting were provided as part of the meeting packet.

Mr. Ward called for a motion for approval of the June 17, 2020 meeting minutes. Ronnie Nessler moved approval; second by Kristy Siebert. Motion carried.

FINANCIAL

***Budget Report**

The finance report for June 2020, which was the FY 19-20 close-out report, was presented by Coalition staff.

With no questions, Mr. Ward called for a motion to accept the June 2020 budget reports. Kristy Siebert moved approval; second by Ronnie Nessler. Motion carried.

*Expenditure Requests

None at this time.

Management and Administration Update

- **FY 2019-2020 Closeout** – June 30 marked the end of FY 2019-2020. All program deliverables were successfully delivered to the Florida Department of Health.
- **Long-Term Care Videos and PPE Packages** – The Healthcare Coalition Alliance (18 counties) has partners with the Jacksonville University STAR Center to develop and produce COVID-19 training videos for Long-Term Care (LTC) facilities. The 3-part video series will be posted on the Coalition website by the end of June. Additionally, the Coalition has purchase PPE (gloves and surgical masks) that will be repackages and sent to LTC member facilities.

Staff is currently waiting on the shipment of gloves before LTC care packages can be prepared and sent to member facilities. Staff aims to begin sending care packages by the end of July.

BUSINESS

*Approval of General Membership Requests

As required in the bylaws, the Board must approve all membership requests. There have been ten (10) membership requests since the last meeting. The list was provided in the meeting packet.

Ronnie Nessler moved to approve the membership list as presented; second by Tim Connor. Motion carried.

Coalition Bylaws – Annual Review

The Coalition Bylaws require an annual review. The review is meant to ensure that the Coalition's Bylaws remain current and representative of the Coalition. Staff presented the current Bylaws to the Executive Committee for their review. Any recommended changes shall be provided to staff no later than July 29th. All recommended changes will be sent to the Executive Committee on August 5th, which is 14-days prior to the next Executive Board Meeting on August 19th.

Annual Workplan for FY 2020-2021

1. Continue to work on quarterly deliverables, membership lists, communications drills, meeting summaries, etc.
2. Updates to existing plans:
 - Preparedness Plan
 - Operational Plan

- Outreach Plan
 - Evacuation & Transportation Alternative Plan
3. Update HCC Strategic Plans after COVID-19
 4. Coalition Surge Test Exercise
 5. COVID-19 After Action Review- this will be our 5-year qualifying exercise/real event
 6. Develop Infectious Disease Response Plan based on the Best Practices developed in FY 19-20
 7. Continue working on Supply Chain Strategy (final due June 2022)
 8. Partner Training Summit
 9. Continue to fund projects to meet HPP capabilities
 10. Assist the State to update the Regional and State Pediatric Trauma Surge Plan
 11. Assist the State to develop the Regional and State Burn Trauma Surge Plan

Project Funding Application for FY 2020-2021

The Project Funding Application has been updated for FY 2020-2021. The application has been posted to www.NEFLHCC.org and will be distributed to membership via ReadyOp notification. Applications are due by August 28th for consideration. Staff will prepare a total funding recommendation for FY 2020-2021 to be presented at the August 19th Executive Board meeting. Staff is awaiting clarification on annual funding from the Florida Department of Health (contract manager).

COVID-19 After-Action Report/Improvement Plan for the Coalition

The Coalition will begin the process of developing a COVID-19 after-action report and improvement plan (AAR-IP). Staff will collect data via survey and through consultation with discipline representative on the executive board. Collection activities will take place in July and August. Staff is targeting the September General Membership Meeting for review of the draft document.

CDBG Mitigation Planning Grant Application

“North Florida Resiliency Plan for the Health and Medical Lifeline”

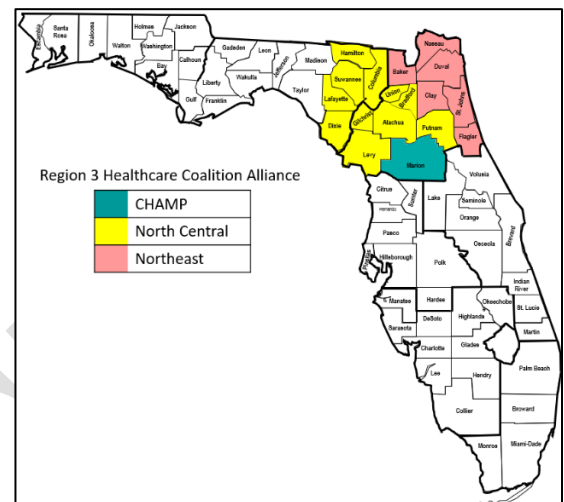
The Northeast Florida Regional Council is applying to the CDBG-MIT Planning Grant funding opportunity (<http://floridajobs.org/rebuildflorida/mitgation>). The project team for this proposal, “North Florida Resiliency Plan for the Health and Medical Lifeline” represents a collaborative approach across multiple programs of NEFRC such as the Region 3- Healthcare Coalition Alliance, Emergency Preparedness, Resiliency and Community Planning, Economic Development, and Geographic Information Systems (GIS). A total of \$700,000, over 3 years, is being requested to fulfill the proposal tasks as outlined below.

Project Purpose: The purpose of this project proposal is to develop a “North Florida Resiliency Plan for the Health and Medical Lifeline” for the 18 counties in the Region 3 – Healthcare Coalition Alliance, which is a program administered by the Northeast Florida Regional Council.

Area of Benefit: The Region 3 – Healthcare Coalition Alliance is comprised of three (3) healthcare coalitions in north Florida.

Description of Proposed Activity: The North Florida Resiliency Plan for the Health and Medical Lifeline would be developed using existing Plans of the Region-3 Healthcare Coalition Alliance and through guidance provided in the Department of Health and Human Services’ (HHS) Sustainable and Climate Resilient Health Care Facilities Toolkit.

(<https://toolkit.climate.gov/topics/human-health/building-climate-resilience-health-sector>)



The HHS Sustainable and Climate Resilient Health Care Facilities Toolkit was developed through a public-private partnership with the health care industry. By focusing specifically on improving health care infrastructure resilience, this framework aims to help a broad range of health care facilities and organizations improve their ability to function in the face of climate change and extreme weather events such as tropical cyclones, flooding, and severe storms.

The proposed project has a 3-year timeframe comprised of five (5) Elements. They are:

Year 1:

- Element 1: Climate Risks and Community Vulnerabilities Assessment
- Element 2: Healthcare Infrastructure Map Series & Analysis of Climate Exposure

Year 2:

- Element 3: Assessment of Healthcare Infrastructure Protection and Resilience (Climate Sensitivity), Healthcare Facility Outreach, and Mitigation Strategies
- Element 4: Assessment of Essential Clinical Care Service Delivery, Healthcare Facility Outreach, and Mitigation Strategies

Year 3:

- Element 5: Complete the North Florida Resiliency Plan for the Health and Medical Lifeline with Community Feedback

How the project will enhance community resilience: The North Florida Resiliency Plan for the Health and Medical Lifeline will significantly enhance the healthcare sector’s ability to adapt and recover from impacts associated to flooding, storm surge, and sea level rise. While the primary focus is to reduce disruptions to the health and medical lifeline due to major impacts from extreme weather events (gray skies), this Resiliency Plan will provide supporting data, analysis, and mitigation strategies that will be useful during normal operations (blue skies). By focusing specifically on improving health care infrastructure resilience and essential clinical care

service delivery, this Resiliency Plan aims to assist organizations in reducing future vulnerabilities and losses and improve the functioning of a broad range of health care facilities across the 18-county region.

The North Florida Resiliency Plan for the Health and Medical Lifeline will enhance community resilience in the following ways:

- Use existing regional healthcare sector plans and builds upon the baseline data, analysis, and recommendations already adopted across the region
- Provide the healthcare sector with specific data, analysis, and mapping for new climate risks such as extreme flooding events, storm surge, and sea level rise.
- Provide 18-county healthcare sector data and analysis on:
 - Healthcare Infrastructure Protection and Resiliency
 - Essential Clinical Care Service Delivery
- Public Outreach and Planning – Planning Workshops will be held across the region on the results of the newly collected data and analysis. Planning sessions will be conducted to assist individual healthcare facilities and support agencies with implementing strategies to improve infrastructure protection and clinical care service delivery during blue or grey skies.
- Project provides direct support to hospitals and other healthcare facilities on patient surge planning and validates those activities through facility specific and regional patient surge and patient movement exercises.
- Increased medical transportation resource availability due to development of a planning tool that highlights secondary and tertiary medical transportation providers.
- Final Resiliency Plan will use the results of the climate vulnerability analysis and mapping, as well as information gathered during the infrastructure protection and essential clinical care service delivery assessments and workshops to develop mitigation strategies to address both areas.
- Upon completion of the Resiliency Plan, the Region 3 – Healthcare Coalition Alliance will begin to seek public and private funding to address recommended mitigation strategies.

Community Involvement in the Project: The healthcare coalitions that make up the Region 3 – Healthcare Coalition Alliance are robust and professional organizations. Each healthcare coalition has bylaws that govern their actions and an executive board made up of discipline representatives appointed by their professional affiliations in the hospital, public health, EMS, emergency management, long-term care, and home health sectors. The organizational bylaws and executive board structure of each healthcare coalition provides a framework for oversight and guidance of this project.

In addition to the executive board members and elected officers of the healthcare coalitions, current membership in the Region 3 – Healthcare Coalition Alliance exceed 700+ members and 470 healthcare facilities.

The healthcare coalitions conduct quarterly general membership meetings to highlight programming, training and exercise opportunities, project funding opportunities, and to coordinate on healthcare centric priorities. It is the intent to have this Resiliency Plan project as a standing agenda item for the quarterly general membership meetings. Transparency with the healthcare sector membership will allow for regular comment and feedback opportunities as we move through the project timeline.

Upcoming Events

All Coalition Training and Exercise activities are cancelled or postponed due to COVID-19.

MEMBER REPORTS

Board Member Reports

None at this time.

Open Discussion

None at this time.

ADJOURN

Next **Executive Board** Meeting – August 19 @ 1:00pm
Meeting will be conducted via Zoom. A link will be made available on the Agenda Packet.

Next **General Membership** Meeting – September 16 @ 1:00pm
Meeting will be conducted via Zoom. A link will be made available on the Agenda Packet.

NEFLHCC Meeting - Attendance Roster for July 15, 2020

<i>Name</i>	<i>Agency/Organization</i>
Eric Anderson	Healthcare Coalition
Kate Haigh	NEFRC
Leigh Wilsey	Healthcare Coalition
Bek Parker	Baker County SO
Ronnie Nessler	FDOH - Nassau County
Leah Guthrie	MHRC
Lawana Jolivette	Ascension St. Vincents
Kristy Siebert	St. Vincent's Home Health
Jeff Markulik	Baker County Medical Services
Tim Connor	St. Johns County Emergency Management
Sue Reese	FDOH - Flagler County
Tim Devin	Century Ambulance
Noreen Nickola-Williams	FDOH - St. Johns County
Robert Veneman	FDOH - St. Johns County
Michael Hanson	FDOH - St. Johns County
Sonny Rodgers	FDOH - Clay County
Theresa Gates	Beyond Home Health Care
Rich Ward	Orange Park Medical Center
Michael Godwin	FDOH - Nassau County

Northeast Florida Health Care Coalition
Financial Report
As of July 2020

NEFHCC 20/21	Budget	July 2020	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	\$ 246,151.00	\$ 14,096.82	\$ 14,096.82	6%	\$ 232,054.18
Revenues	\$ 246,151.00	\$ 14,096.82	\$ 14,096.82	6%	\$ 232,054.18
Expenses					
Staffing Cost	\$ 146,625.00	\$ 14,035.51	\$ 14,035.51	10%	\$ 132,589.49
Phone	\$ 100.00	\$ -	\$ -	0%	\$ 100.00
Office Supplies	\$ 550.00	\$ -	\$ -	0%	\$ 550.00
Printing	\$ 1,550.00	\$ 11.31	\$ 11.31	1%	\$ 1,538.69
Website	\$ -	\$ 50.00	\$ 50.00	0%	\$ (50.00)
D&O Insurance	\$ 250.00	\$ -	\$ -	0%	\$ 250.00
Travel	\$ 8,680.00	\$ -	\$ -	0%	\$ 8,680.00
Meeting Expenses	\$ 8,700.00	\$ -	\$ -	0%	\$ 8,700.00
Professional Services	\$ 79,696.00	\$ -	\$ -	0%	\$ 79,696.00
Expenses	\$ 246,151.00	\$ 14,096.82	\$ 14,096.82	6%	\$ 232,054.18

PROJECTS FY 20/21	Budget	July 2020	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	\$ 105,400.00	\$ -	\$ -	0%	\$ 105,400.00
Revenues	\$ 105,400.00	\$ -	\$ -	0%	\$ 105,400.00
Expenses					
Projects	\$ 105,400.00	\$ -	\$ -	0%	\$ 105,400.00
Expenses	\$ 105,400.00	\$ -	\$ -	0%	\$ 105,400.00

Northeast Florida Health Care Coalition
Financial Report
As of August 2020

NEFHCC 20/21	Budget	August 2020	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	\$ 246,151.00	\$ 10,024.66	\$ 24,121.48	10%	\$ 222,029.52
Revenues	\$ 246,151.00	\$ 10,024.66	\$ 24,121.48	10%	\$ 222,029.52
Expenses					
Staffing Cost	\$ 146,625.00	\$ 9,773.12	\$ 23,808.63	16%	\$ 122,816.37
Phone	\$ 100.00	\$ -	\$ -	0%	\$ 100.00
Office Supplies	\$ 550.00	\$ -	\$ -	0%	\$ 550.00
Printing	\$ 1,550.00	\$ -	\$ 11.31	1%	\$ 1,538.69
Website	\$ -	\$ 25.00	\$ 75.00	0%	\$ (75.00)
D&O Insurance	\$ 250.00	\$ -	\$ -	0%	\$ 250.00
Travel	\$ 8,680.00	\$ -	\$ -	0%	\$ 8,680.00
Meeting Expenses	\$ 8,700.00	\$ -	\$ -	0%	\$ 8,700.00
Professional Services	\$ 79,696.00	\$ 226.54	\$ 226.54	0%	\$ 79,469.46
Expenses	\$ 246,151.00	\$ 10,024.66	\$ 24,121.48	10%	\$ 222,029.52

PROJECTS FY 20/21	Budget	August 2020	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	\$ 105,400.00	\$ -	\$ -	0%	\$ 105,400.00
Revenues	\$ 105,400.00	\$ -	\$ -	0%	\$ 105,400.00
Expenses					
Projects	\$ 105,400.00	\$ -	\$ -	0%	\$ 105,400.00
Expenses	\$ 105,400.00	\$ -	\$ -	0%	\$ 105,400.00

New Member Request

As of 9/9/2020

First	Last	Organization	Title	Facility Type	Facility/Work City	County
Gianna	Van Winkle	Florida Association of Community Health Centers	Director of Emergency Preparedness	Primary care providers, including pediatric and women's health	Tallahassee	All
Margarite	Garner	Clay and Middleburg Surgery Center	ASC Administrator	Outpatient health care delivery	Orange Park	Clay
Alexandra	Perry	NAS Jax Hospital		Hospitals		
Christopher	Love	NAS Jax Hospital		Hospitals		
Kyle	Simon	Home Care Association of Florida	Director of Government Affairs and Communications	Home health agencies (including home and community-based services)	Tallahassee	All
Jose	Morales	DOH-Baker	Disaster Preparedness Planner	Public Health Agencies	Macclenny	Baker
Gwendolyn	Strunk-Gamel	Signature of Jacksonville	Administrator	Skilled nursing, nursing, and long-term care facilities	Jacksonville	Duval

—Resolution—

Northeast Florida Healthcare Coalition

2020-01

**Honoring
Timothy Connor**

WHEREAS, Timothy Connor joined the Northeast Florida Healthcare Coalition as an original member; and

WHEREAS, Mr. Connor served as the Vice Chairperson of the Healthcare Coalition from July 1, 2019 until September 16, 2020; and

WHEREAS, Mr. Connor served the Healthcare Coalition and associated members with distinction, devotion, and dedication.

NOW, THEREFORE, BE IT RESOLVED that the Executive Board of the Northeast Florida Healthcare Coalition hereby commends Mr. Connor for his efforts and contributions during his tenure as an elected officer and member of the Healthcare Coalition.

Adopted by the Northeast Florida Healthcare Coalition Executive Board in a meeting assembled on the 16th day of September 2020.



**Northeast Florida
Healthcare
COALITION**
For Disaster Preparedness

*Achieve a health and medical system that
is efficient and resilient in an emergency.*

Rich Ward
Chairperson

Eric Anderson
Coordinator

Northeast Florida Healthcare Coalition

Northeast Florida Healthcare Coalition

GOVERNANCE DOCUMENTS – BYLAWS

SECTION 1.0 – BYLAWS

1.1 ADDRESS

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

Northeast Florida Healthcare Coalition
100 Festival Park Avenue
Jacksonville, FL 32202

1.2 GEOGRAPHIC AREA

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

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

1.3 MEMBERSHIP

1.3.1 Composition

In addition to the core members of county Public Health Departments, hospitals, Emergency Management (EM) and Emergency Medical Services (EMS), many community partners collaborate in the Coalition including, but not limited to, long term care (LTC), home healthcare, durable medical equipment providers, surgical centers, dialysis centers, rehabilitation centers, volunteer organizations, law enforcement, , senior citizen and elder interest groups, 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.

1.3.2 Voting Membership-Executive Board

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

- Each County (one vote per county; total of six votes)
- Each discipline** (one vote per discipline; total of four votes)
- Two 'At Large' Members representing the follow groups within the six County Coalition region
 - Long Term Care (one vote)
 - Home Healthcare (one vote)
- One of the Regional Emergency Response 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.

1.3.3 Admission as a Member

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

1.3.4 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.

1.4 COALITION MEETINGS

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

1.5 EXECUTIVE BOARD

1.5.1 Schedule of Meetings

1. The Executive Board shall meet at least once each quarter, but often meet monthly. At a minimum, two ~~face-to-face~~ meetings must be held in a calendar year. The Executive Board may choose to conduct face-to-face or virtual meetings
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~~ Elected Officers 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 most current Roberts Rules of Order will govern meetings, where not inconsistent with these bylaws.
9. 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

Northeast Florida Healthcare Coalition

date. Minutes of all meetings shall be prepared and made available to the membership.

10. 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~~ Executive Board Chairperson.
11. Prior to the adjournment of any meeting, attendees from the general public will be provided an opportunity ~~for input~~ to speak.

1.5.2 Strategic Plan

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

1. The Strategic Plan shall include requirements from the Florida Department of Health contract.
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 reference existing Coalition documents that provide 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.

1.5.3 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.

If called upon to play a response role by any Coalition member, the Coalition will align itself with the appropriate incident management structure in place following National Incident Management System (NIMS)

Northeast Florida Healthcare Coalition

principles including, Hospital Incident Management System (HICS) and/or Nursing Home Incident Management System (NHICS).

1.5.4 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 twelve (12) 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, At Large Members and the Regional Health Advisors). The Regional Emergency Response Advisor will cast one 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 to set forth the project funding guidelines and procedures.

1.5.5 Committees

The Executive Board can appoint 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.

1.5.6 Officers of the Executive Board (“Leadership”)

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

Chairperson

The Chairperson 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-Chairperson. The Chairperson 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-Chairperson

The Vice-Chairperson may execute the same duties as the Chairperson 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 be the NEFLHCC Coordinator

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.

1.5.7 Election of Officers

Election of officers will take place every two years (odd years) prior to the start of the new fiscal year.

1.5.8 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.

1.6 NEFLHCC COORDINATOR

The Coalition shall provide funding for a Coalition Coordinator (HCCC). The HCCC shall be the Coalition's point of contact.

1.6.1 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.
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.

1.7 FUNDING ALLOCATIONS

The Florida Department of Health (FDOH) allocates funding to Region 3 in support of healthcare coalitions. Funding is allocated among the three healthcare coalitions by the Region 3 Healthcare Coalition Alliance.

1.8 FINANCIAL MANAGEMENT AND ADMINISTRATIVE SUPPORT

The NEFLHCC ~~Leadership-Elected Officers are~~ 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.

1.9 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 ~~a noticed 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 2.0: COALITION POLICIES

2.1 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 section.

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.

2.1.1 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.

2.1.2 Negotiation/Compromise

Within seven days of a conflict notification, the chairperson 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 or held virtually. 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.

2.1.3 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.

DRAFT

Special Meeting: Project Funding/Project Awards FY 20-21

The Northeast Florida Healthcare Coalition has closed the project funding application cycle for FY 20-21. A total of 13 projects were submitted, which have requested a sum of \$151,842 in project funds. The Healthcare Coalition has set aside \$105,400 to fund projects, which is less than is being requested through member project applications.

These projects are still being scored by the independent review team. As such, a special meeting of the Healthcare Coalition Executive Board will be held at the end of September to review funding recommendations and approve project funding.

Coalition staff will send out a doodle poll to the Executive Board to select a date and time to review and approve of project funding.

Project Submissions:

Organization	Amount	Project Title
Ascension St. Vincents	\$14,396.43	HICS
Ascension St. Vincents	\$4,850.00	Storage Container
Baker Sheriff's Office	\$4,606.51	Tactical Medical Training
Baptist (5 Campuses)	\$33,659.95	Sat Radios
Baptist Beaches	\$2,500.00	Decon Equipment
Child Life Disaster Relief	\$10,000.00	Disaster Backpacks
Flagler Hospital	\$21,640.50	PAPR System
Frank Wells Nursing Home	\$2,248.80	Portable Radios
JFRD	\$24,154.88	MCI Trailer Supplies
JU STAR Center	\$13,282.00	Culinary Staff COVID Training
Memorial Hospital	\$7,886.55	Decon Supplies
Mental Health Resource Center	\$6,299.90	Portable Air Conditioners
UF Health Jax	\$6,316.66	Peds Surge Go Kits

\$151,842.18

Northeast Florida Healthcare Coalition

2020-2021 Meeting Schedule

All meetings will be via Zoom until further notice due to COVID-19

Join Zoom Meeting: <https://nefrc-org.zoom.us/j/2451626595>

Or Call 1-786-635-1003 Code: 245-162-6595

Meetings will take place the 3rd Wednesday of each month at 1:00pm.

- July 15, 2020 @ 1 – Executive Board
- August 19, 2020 @ 1 – Executive Board
- **September 16, 2020 @ 1 - Quarterly General Membership Meeting**
- October 21, 2020 @ 1– Executive Board
- November 18, 2020 @ 1– Executive Board
- **December 16, 2020 @ 1 - Quarterly General Membership Meeting**
- January 20, 2021 @ 1– Executive Board
- February 17, 2021 @ 1– Executive Board
- **March 17, 2021 @ 1 - Quarterly General Membership Meeting**
- April 21, 2021 @ 1– Executive Board
- May 19, 2021 @ 1– Executive Board
- **June 16, 2021 @ 1 - Quarterly General Membership Meeting**

When in person meetings commence - Healthcare Coalition Executive Board and Quarterly General Membership meetings will take place at St. Vincent's Southside (Bryan Auditorium) - 4201 Belfort Rd, Jacksonville, FL 32216.