

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



Executive Board Meeting Agenda

Wednesday, July 15 @ 1pm

I. Call to Order

- Validation of Voting Members [accept designees, if required]
- *Approval of Minutes from 6/17/20 Executive Board Meeting

II. Financial

- *Budget Report (June 2020)
- Expenditure Requests
- Management and Administration
 - Close-out of 2019-2020 Contract
 - Long-Term Care Member Packages

III. Business

- *Approval of General Membership Requests (as of 7/9/20)
- Coalition Bylaws – Annual Review for Updates
- Annual Workplan for FY 2020-2021
- Project Funding Application FY 2020-2021
- COVID-19 After-Action Report/Improvement Plan for the Coalition
- CDBG: Mitigation Grant – Planning
 - Healthcare Resiliency Plan for the Health and Medical Lifeline
- Upcoming Events – discussion on training and exercises during COVID-19.
 - What does this year look like? Any Recommendations?
 - All events currently postponed or cancelled due to COVID-19

IV. Member Reports

- Board Member Reports
- Open Discussion

VII. Adjourn

August 19th Executive Board meeting will be on 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 – 2
- Flagler - 2
- Nassau – 1
- St. Johns – 2
- At Large – 2

TOTAL = 12

Tiebreak Vote

Regional Emergency
Response Advisor

Executive Board

Chair: Rich Ward, Hospitals

Vice-Chair: Tim Connor, Emergency Management

Secretary/Treasurer: Kristy Siebert, Home Health

6 County Reps

Baker County
Jordan Duncan

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
Tim Connor

EMS
Joe Stores

Hospital
Rich Ward

Public Health
Robert Snyder

2 At-Large Reps

Long Term Care
Jeff Markulik

Home Health
Kristy Siebert

* As of 7/15/2020



Northeast Florida
Healthcare
COALITION
For Disaster Preparedness

Northeast Florida Healthcare Coalition Voting Members & Designated Alternates (7/15/2020)

Six Voting Members = Quorum

Representation	Voting Member	Alternate Name	Alternate's Agency	Appointing Authority
Baker County	Jordan Duncan	Bek Parker	Baker County Sheriff's Office	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	Tim Connor	Percy Golden	City of Jacksonville Emergency Preparedness Division	Regional Emergency Managers
EMS	Joe Stores	Tim Devin	Century Ambulance	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 Connor, Emergency Management

Secretary/Treasurer: Kristy Siebert, Home Health



NEFLHCC Quarterly General Membership Meeting
June 17, 2020
Meeting Notes

The June General Membership Meeting of the Northeast Florida Healthcare Coalition was a virtual meeting held via Zoom teleconference technology. A virtual meeting was held due to social distancing requirements due to COVID-19. The meeting was held at 1:00pm on Wednesday, June 17, 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 – Jordan Duncan
Clay County – Sonny Rodgers
Flagler County – Suzette Reese
St. Johns County – Noreen Nickola-Williams
Emergency Management – Tim Connor
EMS – Joe Stores
Hospitals – Rich Ward
Long Term Care – Jeff Markulik
Home Health – Kristy Siebert

Absent:

Duval County – Richard Ward
Nassau County – Ronnie Nessler
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 minutes and sign-in sheet from the May 20, 2020 meeting were provided as part of the meeting packet.

Mr. Ward called for a motion for approval of the May 20, 2020 meeting minutes. Tim Connor moved approval; second by Sonny Rodegrs. Motion carried.

FINANCIAL

***Budget Report**

The finance report for May 2020 was presented by Coalition staff.

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

*Expenditure Requests

None at this time.

Management and Administration Update

- **Project Funding Status Update** – Most of the projects have been completed and paperwork is being processed for reimbursement. Two hospital projects are still open, but Coalition staff is working with them to close-out the projects by the June 30 deadline.
- **Situation Reports** – Coalition staff has been producing and disseminating Situation Reports for Coalition members since March. Staff will reduce activities to one SitRep per week. Statewide coordination and guidance calls from regulatory agencies have been reduced. As a result, less information is being given to provide to membership.
- **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. Those packages should be mailed to facilities beginning in July.

BUSINESS

*Approval of General Membership Requests

As required in the bylaws, the Board must approve all membership requests. There have been nine (9) membership requests since the last meeting. The list was provided in the meeting packet.

Kristy Siebert moved approval; second by Tim Connor to approve the membership list as presented. Motion carried.

2020-2021 Meeting Calendar

All meetings will be via Zoom until further notice due to COVID-19. A Zoom Meeting link will be sent with each monthly meeting agenda packet, at least 7-day prior to the scheduled meeting.

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.

COVID-19 After-Action Report/Improvement Plan

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.

Coalition Draft Documents/Plans for Review

The Healthcare Coalition has several Plans that are due for review and approval by the Executive Board. Staff posted the draft Plans for review on the healthcare coalition website in May. No comments were received by staff on the draft Plans.

<https://www.neflhcc.org/resources/draft-plans>

Staff provided an overview of the following Plans.

1. Jurisdictional Risk Assessment Update
2. Preparedness Plan Update
3. Outreach Plan Update
4. Alliance COOP Plan (New Doc)
5. Infectious Disease Best Practices (New Doc)
6. Evacuation and Transportation Alternative Framework (New Doc)

Sonny Rodgers moved approval of the six (6) draft Plans presented by staff; second by Kristy Siebert. Motion carried.

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

General discussion about Jacksonville being named the host city for the upcoming Republican National Convention.

ADJOURN

Next **Executive Board** Meeting – July 15 @ 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 June 17, 2020

<i>Name</i>	<i>Agency/Organization</i>
Charlotte Crews	Northeast Florida State Hospital
Elizabeth Sholar	Fleet Landing
Eric Anderson	Healthcare Coalition
Janet Dickinson	ElderSource
Jeff Markulik	Baker County Medical Services
Jerry Lynn Daniels	Silver Creek
Joe Stores	Century Ambulance
John Devine	Consulate Orange Park
John Newman	AdventHealth Palm Coast
Jordan Duncan	FDOH - Baker County
Kate Haigh	NEFRC
Kathleen Kavanagh	JU STAR Center
Kristy Siebert	St. Vincent's Home Health
Larry Peterson	Baptist Medical Center - South
Lawana Jolivet	Ascension St. Vincents
Leigh Wilsey	Healthcare Coalition
Marissa Saftner	
Marlon Barnacia	Governors Creek health and Rehab
Michael Hanson	FDOH - St. Johns County
Mike Saffy	SilverLink Consulting
Noreen Nickola-Williams	FDOH - St. Johns County
Rich Ward	Orange Park Medical Center
Sherry Buchman	FDOH - Childrens Medical Services
Sonny Rodgers	FDOH - Clay County
Sue Reese	FDOH - Flagler County
Tara Gallagher	Vitas Healthcare
Theresa Gates	Beyond Home Health Care
Tim Connor	St. Johns County Emergency Management
Wes Marsh	Brooks Rehabilitation

Northeast Florida Health Care Coalition
Financial Report
As of June 2020

NEFHCC 19/20	Budget	June 2020	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	\$ 246,151.00	\$ 29,961.10	\$ 246,561.70	100%	\$ (410.70)
Revenues	\$ 246,151.00	\$ 29,961.10	\$ 246,561.70	100%	\$ (410.70)
Expenses					
Staffing Cost	\$ 146,625.00	\$ 21,558.70	\$ 153,369.44	105%	\$ (6,744.44)
Phone	\$ 100.00	\$ 2.40	\$ 4.06	4%	\$ 95.94
Supplies	\$ 550.00	\$ 8,400.00	\$ 8,455.42	1537%	\$ (7,905.42)
Membership Dues	\$ -	\$ -	\$ 100.00	0%	\$ (100.00)
Printing	\$ 1,550.00	\$ -	\$ 817.55	53%	\$ 732.45
Website	\$ -	\$ -	\$ 261.67	0%	\$ (261.67)
D&O Insurance	\$ 250.00	\$ -	\$ 200.00	80%	\$ 50.00
State Corporation Fees	\$ -	\$ -	\$ 70.00	0%	\$ (70.00)
Travel	\$ 8,680.00	\$ -	\$ 3,833.19	44%	\$ 4,846.81
Meeting Expenses	\$ 8,700.00	\$ -	\$ 9,552.98	110%	\$ (852.98)
Professional Services	\$ 79,696.00	\$ -	\$ 69,897.39	88%	\$ 9,798.61
Expenses	\$ 246,151.00	\$ 29,961.10	\$ 246,561.70	100%	\$ (410.70)

PROJECTS FY 19/20	Budget	June 2020	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	\$ 105,400.00	\$ 41,468.43	\$ 104,996.64	100%	\$ 403.36
Revenues	\$ 105,400.00	\$ 41,468.43	\$ 104,996.64	100%	\$ 403.36
Expenses					
Projects	\$ 105,400.00	\$ 41,468.43	\$ 104,996.64	100%	\$ 403.36
Expenses	\$ 105,400.00	\$ 41,468.43	\$ 104,996.64	100%	\$ 403.36

Membership Requests for June 2020

First	Last	Organization	Title	Facility Type	Facility/Work Address	Facility/Work City
Jeff	Faulkner	National Association of Veterans and Families	SE Regional Director	NGO	1300 Cooks Lane	Green Cove Springs
Billie	Adkins	Community Hospice & Palliative Care	Regional Director	Other (e.g., child care services, dental clinics, social work services, faith-based organizations)	4011 NW 43rd st	Gainesville
Rachel	Webb	BayView	ADON	Skilled nursing, nursing, and long-term care facilities	161A Marine Street	St. Augustine
Jan	Lautenbach	Community Home Health Care	Executive Director	Home health agencies (including home and community-based services)	3440 US 1 S Suite 403	St. Augustine
Andrew	Powell	Florida Department of Health-Nassau	Volunteer	Public Health Agencies	96135 Nassau Place, Ste. 8	Yulee
Laurie	John	First Coast Surgery Center	Director of Nursing	Behavioral health services and organizations	4035 Southpoint Blvd	Jacksonville
Danielle	Eaves Hernandez	Child Life Disaster Relief	Northeast Florida Program Manager for Child Life Disaster Relief	Non-governmental organizations (e.g., American Red Cross, volunt	5021 Cerise Street	Jacksonville
Franklin	Sands	CE-TECH	Life Safety Compliance Officer	Outpatient health care delivery (e.g., ambulatory care, clinics,	3728 Philips Hwy. Suite 56	Jacksonville
Pamela	Bagley	Childrens Medical Services	RN CMAT Case Manager	Public Health Agencies	910 N Jefferson Street	Jacksonville
Vanessa	Gilliam	Baya Pointe Health and Rehab	DON	Skilled nursing, nursing, and long-term care facilities	587 SE Ermine Ave	Lake City

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.

Northeast Florida Healthcare Coalition

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

Northeast Florida Healthcare Coalition

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

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) 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 Chair, a Vice-Chair and a Secretary/Treasurer.

Northeast Florida Healthcare Coalition

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 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.

Northeast Florida Healthcare Coalition

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 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 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 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.

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.



FY 2020-2021 Workplan Overview

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

Region 3 Healthcare Coalition Project Submission Form 2020-2021

NEFLHCC: Northeast Florida Healthcare Coalition

Project Title			
Requesting Agency		Are you a member of the Healthcare Coalition? Yes No	
Point of Contact Contact information for project lead	Name		
	Organization Address		
	Phone Number		
	E-mail Address		
4 Project Types Check appropriate category AND 5 Specialty Surge Areas Check the appropriate option if this project aligns with medical surge/trauma mass casualty in these specialty areas. Descriptions are attached.	<input type="checkbox"/> Training/Education <input type="checkbox"/> Supplies/Equipment <input type="checkbox"/> Exercise <input type="checkbox"/> Other (provide details under Project Description)		<input type="checkbox"/> Pediatric Surge <input type="checkbox"/> Burn <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Radiation <input type="checkbox"/> Chemical
2017-2022 Health Care Preparedness & Response Capabilities Which capability does your project address? Descriptions of each capability are attached. You may choose more than one, if applicable.	<input type="checkbox"/> Foundation for Health & Medical Readiness <input type="checkbox"/> Health Care & Medical Response Coordination <input type="checkbox"/> Continuity of Health Care Service Delivery <input type="checkbox"/> Medical Surge		
Funding Requested Provide total amount requested and attach an itemized budget	\$		
Identified Gap: Provide description of the gap and how it was identified e.g. lessons learned and documented in an After Action Report-Improvement Plan following an exercise or real-world event activation.			
Project Description & Details Provide a detailed description and justification for the project			
What will be purchased?			
How does it fill the above identified gap?			
How will it benefit the specialty surge areas above, if applicable?			
How does it address 1 or more of the Healthcare Capabilities selected above?			

Additional Information: Provide other information, as needed, for the review committee.	
Letters of Support: List County EM & ESF 8 Partners providing Letters of Support. Attach Letters	
Regional Benefit	
Describe how filling the gap with this project will benefit the regional healthcare system.	
Describe efforts to gain support from local/county EM and healthcare partners.	

Timeframe to complete each phase of the project. Provide estimated timeframe for your agency to complete each phase of the process after receiving notification of funding.	
MOA Approval & Signature	
Project Procurement	
Gather Documentation & Submit Reimbursement Request	

Local Government Partners ONLY The NEFRC is aware of county purchasing challenges and will assist, when possible, with the purchasing process.	
Please describe the assistance needed from the NEFRC to complete your purchases.	

*****For Coalition Administrative Use Only*****

Date Submitted:

Notification to Agency of Receipt:

2017 – 2022 Health Care Preparedness and Response Capabilities

These four capabilities were developed based on guidance provided in the *2012 Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* document. They support and cascade from guidance documented in the *National Response Framework*, *National Preparedness Goal*, and the *National Health Security Strategy* to build community health resilience and integrate health care organizations, emergency management organizations, and public health agencies.

Capability 1: Foundation for Health Care and Medical Readiness

Goal of Capability 1: The community's health care organizations and other stakeholders—coordinated through a sustainable Health Care Coalition —have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Capability 2: Health Care and Medical Response Coordination

Goal of Capability 2: Health care organizations, the Health Care Coalition, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Capability 3: Continuity of Health Care Service Delivery

Goal of Capability 3: Health care organizations, with support from the Health Care Coalitions and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

Capability 4: Medical Surge

Goal of Capability 4: Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The Health Care Coalition (HCC), in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

2019 HPP Requirements for Healthcare Coalition to address in Specialty Medical Surge Areas

Coalition planning should include the following core elements for general medical surge:

- Indicators/triggers and alerting/notifications of a specialty event
- Initial coordination mechanism and information gathering to determine impact and specialty needs
- Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources)
- Access to subject matter experts – local, regional, and national
- Prioritization method for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility)
- Relevant baseline or just-in-time training to support specialty care
- Evaluation and exercise plan for the specialty function

Additional specialty areas should address:

Pediatric – in addition to the above consider:

- Local risks for pediatric-specific mass casualty events (e.g., schools, transportation accidents)
- Age-appropriate medical supplies
- Mental health and age-appropriate support resources
- Pediatric/Neonatal Intensive Care Unit (NICU) evacuation resources and coalition plan
- Coordination mechanisms with dedicated children's hospital(s)

Burn – in addition to the above consider:

- Local risks for mass burn events (e.g., pipelines, industrial, terrorist, transportation accidents)
- Burn-specific medical supplies
- Coordination mechanisms with American Burn Association (ABA) centers/region
- Incorporation of critical care air/ground assets suitable for burn patient transfer

Infectious disease – in addition to the above consider:

- Expanding existing Ebola concept of operations plans (CONOPs) to enhance preparedness and response for all novel/high consequence infectious diseases
- Developing coalition-level anthrax response plans
- Developing coalition-level pandemic response plans
- Including healthcare-associated infection (HAI) professionals at the health care facility and jurisdictional levels in planning, training, and exercises/drills
- Developing a continuous screening process for acute care patients and integrate information with electronic health records (EHRs) where possible in HCC member facilities and organizations
- Coordinating visitor policies for infectious disease emergencies at member facilities to ensure uniformity
- Coordinating MCM distribution and use by health care facilities for prophylaxis and acute patient treatment
- Developing and exercising plans to coordinate patient distribution for highly pathogenic respiratory viruses and other highly transmissible infections, including complicated and critically ill infectious disease patients, when tertiary care facilities or designated facilities are not available

Radiation – in addition to the above consider:

- Local risks for radiation mass casualty events (e.g., power plant, industrial/research, radiological dispersal device, nuclear detonation)
- Detection and dosimetry equipment for EMS/hospitals
- Decontamination protocols
- On-scene triage/screening, assembly center, and community reception center activities
- Treatment protocols/information
- Coordination mechanisms with hematology/oncology centers and Radiation Injury Treatment Network (RITN)

Chemical – in addition to the above consider:

- Determine risks for community chemical events (e.g., industrial, terrorist, transportation-related)
- Decontamination assets and throughput (pre-hospital and hospital) including capacity for dry decontamination
- Determine EMS and hospital PPE for HAZMAT events
- Review and update Chempack (and/or other chemical countermeasure) mobilization and distribution plan
- Coordinate training for their members on the provision of wet and dry decontamination and screening to differentiate exposed from unexposed patients
- Ensure involvement and coordination with regional HAZMAT resources (where available) including EMS, fire service, health care organizations, and public health agencies (for public messaging)
Develop plans for a community reception center with public health partners

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 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.
- Recipients cannot use funds for payment or reimbursement of backfilling cost for staff, including healthcare personnel for training and exercises.
- Recipients cannot use funds to support stand-alone, single-facility trainings or exercises.
- Recipients 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.

Region 3 Healthcare Coalition Alliance

COVID-19 After-Action Report/Improvement Plan



CORONAVIRUS (COVID-19)





Rebuild Florida Mitigation General Planning Program Grant

(\$20,000,000 – Applications due 7-31-2020)

<http://floridajobs.org/rebuildflorida/mitigation>

With \$20 million in Community Development Block Grant - Mitigation (CDBG-MIT) funding, the Rebuild Florida General Planning Support Program is designed to provide funding opportunities to units of general local government (UGLG), educational institutions, state agencies, and non-profits for the purpose of developing and updating state, regional and local plans.

The Planning Grant targets many counties and municipalities within the Region 3 - Healthcare Coalition Alliance. Additionally, the grant provides special consideration for planning projects to support the Health and Medical Lifeline. If awarded, implementation of this planning grant would encompass all counties in the Region 3 – Healthcare Coalition Alliance.

This grant application will be presented to the Executive Boards of the healthcare coalitions in the Region 3 – Healthcare Coalition Alliance and posted on the Northeast Florida Regional Council website to comply with grant submission requirements. The grant application can be found at www.nefrc.org.

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.

Please contact Eric Anderson if you have any questions or comments associated to this grant application. The grant will be submitted no later than July 31, 2020.

Eric B. Anderson, FPEM, MEP, AICP

Emergency Preparedness Manager

Northeast Florida Regional Council

ph: (904) 279-0880 cell: (904) 505-3428

eanderson@nefrc.org

CDBG – MIT: Planning Support Program Grant

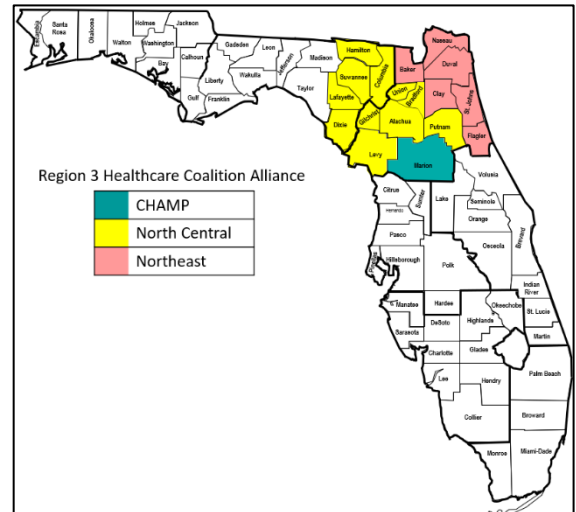
North Florida Resiliency Plan for the Health and Medical Lifeline

Project Description (25 points and < 2,500 words):

1) State the project purpose, area of benefit and a description of the proposed activity.

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

Region 3 is the only healthcare coalition alliance that touches such a large geographic area which includes the Gulf Coast, Atlantic Coast, and St. Johns River.



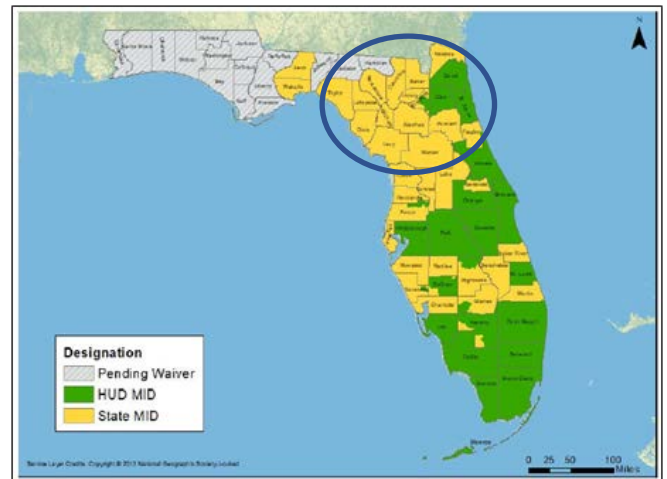
HUD-MID areas served by this proposed project:

Counties: (3 of 16 identified counties and only north Florida counties)

- Clay
- Duval
- St. Johns

Zip Codes: (5 of 12 identified zip codes)

- 32068 – Middleburg, Florida
- 32084 – St. Augustine, Florida
- 32091 – Starke, Florida
- 32136 – Flagler Beach, Florida
- 32145 – Flagler Estates/Hastings, Florida



State-MID areas served by this proposed project:

Counties (14 of 33 identified counties)

Alachua	Flagler	Nassau
Baker	Gilchrist	Putnam
Bradford	Lafayette	Suwannee
Columbia	Levy	Union
Dixie	Marion	

- c. 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>)

CDBG – MIT: Planning Support Program Grant

North Florida Resiliency Plan for the Health and Medical Lifeline

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: *(reference the work plan included in the “Capacity Plan” section for Element specific goals, tasks, and deliverables)*

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

2) Specify the risk(s) that will be mitigated by completion of this project.

The North Florida Resiliency Plan for the Health and Medical Lifeline will analyze various risks in an effort to develop recommendations and implement projects to mitigate impacts to infrastructure protection and resilience and essential clinical care service delivery for the healthcare sector in the Region-3 Healthcare Coalition Alliance (18-counties). These efforts would be focused on risks/impacts from:

- Flooding (100, 500, & 1,000-year flood)
- Tropical Cyclones (Storm Surge)
- Severe Storms
- Sea Level Rise (various assumptions)

3) Describe how the work will be done and the team that will do it.

The Region 3 – Healthcare Coalition Alliance is a program administered by the Northeast Florida Regional Council (NEFRC). The NEFRC is an agency authorized by Florida Statutes and was established in 1977 to promote area-wide coordination and related cooperative activities of federal, state, and local governments ensuring a broad-based regional organization that can provide a truly regional perspective. The NEFRC has professional staff and program expertise in healthcare, emergency management, hazardous materials, economic development, geographic information systems (GIS), and resilience and community planning.

The NEFRC will leverage capacity and subject matter expertise of current staff for a vast majority of the work identified in the Capacity Plan and Implementation Plan sections of this grant application. An additional health planner would be hired to assist current NEFRC staff with implementation of this project. Lastly, a portion of the

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North Florida Resiliency Plan for the Health and Medical Lifeline

project will require assistance from other firms (contractors) to assist individual hospitals, healthcare care facilities, and morgues with patient surge planning pilot project.

Project Team will consist of 6 people, which includes a program fiduciary. Project Team information is included in the Capacity Plan.

- Leigh Wilsey: Region 3 – Healthcare Coalition Alliance Coordinator
- Eric Anderson: Emergency Preparedness Program Manager
- Sean Lahav: Resiliency Coordinator
- Robert Jordan: GIS Planner
- New Hire: Health Planner
- Donna Starling: Chief Financial Officer (fiduciary support)

4) Explain the method used to determine project funding requirements.

NEFRC staff used the agency budget expectations for FY 20-21 to develop the 3-year project estimate. This budgetary process assisted with identifying the baseline salary, common and indirect, and other costs associated to implementing this project. An additional \$130,000 was included for contractors to complete specific portions of the work plan.

5) Describe anticipated outcomes:

- a. Conduct a climate risks and community vulnerabilities assessment, then update the existing hazards vulnerability assessment and jurisdictional risk analysis of the Region 3 – Healthcare Coalition Alliance
- b. Development of a healthcare infrastructure map series to show the region's exposure to various scenarios for flooding, storm surge (zones), and sea level rise (varying levels of rise/assumptions).
- c. Complete a Climate Exposure Analysis of the Region 3 – Healthcare Coalition Alliance (18 counties in North Florida) on healthcare facilities using information gathered during the Climate Risks and Community Vulnerabilities Assessment and through analysis of the Healthcare Infrastructure Map Series.
- d. Conduct a Healthcare Infrastructure Protection and Resilience Assessment and then conduct local workshops to improve capabilities at individual healthcare facilities. Use assessment results to conduct local planning workshops with healthcare providers. Specific mitigation planning will focus on:
 - Energy and Utility Infrastructure (power and Thermal)
 - Energy Conservation
 - Water Supply
 - Water Usage
 - Sewage and Wastewater
 - Communications Infrastructure
 - Medical Information Infrastructure
- e. Conduct an assessment of essential clinical care service delivery to ensure that essential clinical care services remain operational during and immediately following extreme weather events. Use assessment results to conduct local planning workshops with healthcare providers. Specific mitigation planning will focus on:

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North Florida Resiliency Plan for the Health and Medical Lifeline

- Determine Clinical Care Needs
 - Determine Personnel Availability
 - Identify Clinical Care and Support Space Vulnerabilities
 - Identify locations for Anticipated Patient Surge
 - Personnel and their Accommodation
 - Healthcare Resources and Supplies
- f. Conduct patient surge planning pilot program and exercises for the healthcare sector
- g. Complete updates to existing Region 3 – Healthcare Coalition Plans using information gathered during the assessment of essential clinical care service delivery:
- Transportation Alternate Planning Tool (EMS Discipline)
 - Supply Chain Assessment
 - Supply Chain Mitigation Plan
- h. Development of a mitigation needs assessment that is incorporated into the Resiliency Plan. The Resiliency Plan will include recommendations and strategies to improve capabilities associated to healthcare infrastructure protection and resilience and essential clinical care service delivery.
- i. Identify funding/planning opportunities to implement infrastructure protection projects to make healthcare facilities more resilient to climate exposure and climate sensitivity.
- j. Identify funding/planning opportunities to implement Essential Clinical Care Service Delivery projects to improve disruptions to healthcare service delivery during a disaster.
- k. Leverage partnerships and funding to address recommendations and strategies contained in the North Florida Resiliency Plan for the Health and Medical Lifeline

6) Has a comprehensive plan already been created? If yes, describe how the proposed plan or activity will integrate with the comprehensive plan and attach the Executive Summary of the comprehensive plan.

The North Florida Resiliency Plan for the Health and Medical Lifeline has never been created. The Region 3 – Healthcare Coalition Alliance has adopted several plans that will serve as the basis for the development of the Resiliency Plan. Existing and current plans of the Region 3 – Healthcare Coalition Alliance are:

- Hazards Vulnerability Assessment (HVA)
- Jurisdictional Risk Assessment (JRA)
- Preparedness Plan
- Strategic Plan
- Operations Plan
- Transportation Alternate Planning Tool
- Supply Chain Assessment
- Supply Chain Mitigation Plan (to be completed in FY 2020-2021)
- Outreach/Marketing Plan

CDBG – MIT: Planning Support Program Grant
North Florida Resiliency Plan for the Health and Medical Lifeline

Community Value (25 points and < 1,500 words):

1) Describe the proposed activity's value to the community in normal circumstances and in times of natural disasters. What are the community lifelines served by this project?

Primary Community Lifeline supported by this project:

- Health and Medical
 - Medical Care
 - Patient Movement
 - Fatality Management
 - Supply Chain Management

Other Community Lifelines supported by this project:

- Safety and Security
 - Security
 - Community Safety
- Communications
 - Infrastructure

2) 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, 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.

A reduction in capabilities across the region for the Health and Medical Lifeline could result in major economic losses (jobs & investment) and would diminish the quality of life in the local area. This is particularly important in rural counties with limited health and medical providers.

Health care organizations play a key role in community resilience. Climate change, by increasing the intensity and frequency of some extreme weather events, is creating complex hazards that challenge accepted baseline assumptions for infrastructure capabilities, redundancies, and disaster preparedness and response.

Essential health services must remain available to communities and individuals during and immediately following extreme weather events, even during extended utility outages and transportation infrastructure disturbances. Resilient health care organizations must anticipate extreme weather risks and transcend limitations of regional public policy, local development vulnerabilities, and community infrastructure challenges as they site, construct, and retrofit health care facilities.

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North Florida Resiliency Plan for the Health and Medical Lifeline

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.

3) Public Notice of the Planned Project:

This project proposal was placed on the NEFRC website on Tuesday, July 14th for public review and comment. The project was posted in English and Spanish versions. A 2-week comment period was provided and was closed on Wednesday, July 29th.

Additionally, this project proposal was presented and reviewed by the executive boards of the three healthcare coalitions in the Region 3 – Healthcare Coalition Alliance at their July meetings.

- July 15th – Northeast Florida Healthcare Coalition
- July 22nd – North Central Florida HealthCare Coalition
- July 22nd – Marion County Coalition (CHAMP)

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North Florida Resiliency Plan for the Health and Medical Lifeline

4) 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 program deliverable.

Additionally, the healthcare coalition membership is the audience that will be used for many of the planning and mitigation activities identified in the Resiliency Plan. It will be important that they have buy-in on the project process, understanding of expectations/outcomes, and provide realistic guidance on the mitigation strategies developed to enhance infrastructure protection and essential clinical care service delivery for the health and medical lifeline.

The North Florida Resiliency Plan for the Health and Medical Lifeline will be adopted by the executive boards of each healthcare coalition in the region. As a result, the Resiliency Plan will be vigorously vetted by membership and executive boards before they commit to the recommendations and strategies within the Resiliency Plan.

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North Florida Resiliency Plan for the Health and Medical Lifeline

Capacity Plan (20 points):

Project Goals:

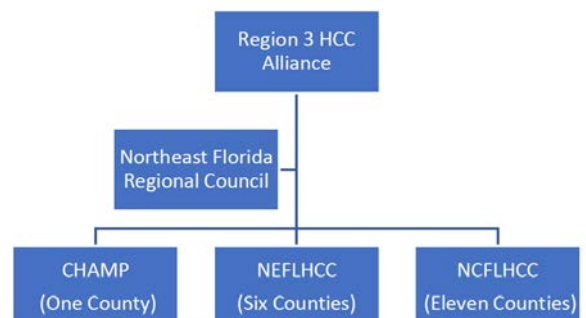
- 1) Develop a Healthcare Resiliency Plan using existing Plans of the Region -3 Healthcare Coalition Alliance and through use of the Department of Health and Human Services' (HHS) Sustainable and Climate Resilient Health Care Facilities Toolkit. By focusing specifically on improving health care infrastructure 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.
- 2) Develop Mitigation Strategies for the healthcare sector in the following areas:
 - Mitigation Strategies for Healthcare Infrastructure Protection and Resilience
 - Mitigation Strategies for Essential Clinical Care Service Delivery
- 3) Implement the mitigation strategies from the Resiliency Plan through public/private partnerships, grants, marketing, and dedicated funding from the Healthcare Coalition Alliance.
- 4) This Resiliency Plan will be reviewed for updates on a 5-year basis. The Regional Council and Healthcare Coalition Alliance has a full-time employee and dedicated program dollars that can be allocated for future Resiliency Plan updates. The elected members of the Healthcare Coalition Alliance may request an update to the plan after new data has been released or if real world events justify a Plan update.

Project Stakeholders:

The NEFRC, through a contract with the Florida Department of Health, manages the Healthcare Coalition (HCC) program for 18 counties in north Florida. Through planning, training, equipping and exercising, the Healthcare Coalitions are building a stronger, regional healthcare system. The goal of the HCC program is to increase healthcare resilience.

The Alliance has 700+ members and 470 member agencies/organizations that are direct healthcare providers or support healthcare service delivery in the region. The Healthcare Coalition Alliance has an elected board made up of **individuals who have been appointed by their professional organizations** in public health, hospitals, emergency management, emergency medical services (EMS), long-term care, and home health.

The Healthcare Coalition Alliance is comprised of three (3) elected officers of each healthcare coalition in the region. The chairperson, vice-chairperson, and secretary/treasurer of each healthcare coalition sits as a voting member on the Region-3 Healthcare Coalition Alliance, which provides guidance and recommendations on programming, project funding, and member services.



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North Florida Resiliency Plan for the Health and Medical Lifeline

Project Work Plan:

1) Element 1: Climate Risks and Community Vulnerabilities Assessment

- a. Conduct Climate Vulnerability Assessment
 - i. Understanding Climate Risks
 - ii. Assess Community Preparedness and Vulnerabilities
 - iii. Prepare a Climate Risk Assessment and Vulnerability Analysis
- b. Update existing Hazards Vulnerability Assessment (HVA) and Jurisdictional Risk Assessment (JRA) to include information from Climate Risks and Vulnerability Assessment.

2) Element 2: Healthcare Infrastructure Map Series & Analysis of Climate Exposure

- a. Develop a map series of all healthcare facilities (as identified by the Agency for Healthcare Administration – AHCA) in the 18-county region of the Region 3 – Healthcare Coalition Alliance.
- b. Develop a 100, 500, and 1,000-year flood map series.
- c. Develop a sea level rise map series with various scenarios.
- d. Develop a storm surge map series with various storm surge scenarios.
- e. Complete a Climate Exposure Analysis on healthcare facilities using data and mapping gathered during Element 1.

3) Element 3: Assessment of Healthcare Infrastructure Protection and Resilience (Climate Sensitivity), Healthcare Facility Outreach, and Mitigation Strategies

- a. Conduct a survey of the various healthcare disciplines to determine the baseline status of climate sensitivity to healthcare facilities as they relate to:
 - i. Energy and Utility Infrastructure (power and Thermal)
 - ii. Energy Conservation
 - iii. Water Supply
 - iv. Water Usage
 - v. Sewage and Wastewater
 - vi. Communications Infrastructure
 - vii. Medical Information Infrastructure
- b. Conduct Infrastructure Protection and Resiliency Planning Workshops with healthcare providers. Allows for participants to analyze facility specific deficiencies in infrastructure protection for the seven key areas listed above.
- c. Develop draft mitigation strategies associated to impacts from climate exposure and climate sensitivity analysis (Element 1, 2, & 3).

4) Element 4: Assessment of Essential Clinical Care Service Delivery, Healthcare Facility Outreach, and Mitigation Strategies

- a. Conduct a survey of the various healthcare disciplines to determine the baseline status of essential clinical care service delivery in the following areas:
 - i. Clinical Care Needs
 - ii. Personnel Availability

CDBG – MIT: Planning Support Program Grant
North Florida Resiliency Plan for the Health and Medical Lifeline

- iii. Identify Clinical Care and Support Space Vulnerabilities
- iv. Identify locations for Anticipated Patient Surge
- v. Personnel and their Accommodation
- vi. Healthcare Resources and Supplies
- b. Conduct Essential Clinical Care Service Delivery Workshops with healthcare providers. Allows for participants to analyze facility specific deficiencies in clinical care service delivery in the six areas listed above.
- c. Develop draft mitigation strategies associated to results from the essential clinical care service delivery assessment.
- d. Conduct patient surge planning activities with healthcare facilities
 - i. Contract services for facility specific surge planning (pilot program).
 - ii. Implement the “15’ till 50” Surge Exercise Program to enable hospital staff to receive a surge of 50 or more patients within 15 minutes of notification of a mass casualty incident.
 - iii. Implement the Coalition Surge Test Exercise to tests a coalition’s ability to work in a coordinated way to find appropriate destinations for patients using a simulated evacuation of at least 20 percent of staffed acute-care bed capacity in the region.
- e. Update existing Transportation Alternate Planning Tool (EMS Discipline). The goal is to create a tool that lists traditional and non-traditional transportation assets that may be used by local emergency management and ESF-8 (Health and Medical) to support emergency medical transportation.
- f. Update and Improve the Region 3 – Healthcare Coalition Alliance’s Supply Chain Assessment and Supply Chain Mitigation Plan based on information gathered in the Assessment of Essential Clinical Care Service Delivery.

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

- a. Develop a Mitigation Needs Assessment based on the analysis of Elements 1-4.
- b. Finalize Mitigation Strategies based on the Mitigation Needs Assessment to improve resiliency of the healthcare sector.
 - i. Healthcare Infrastructure Protection and Resilience
 - ii. Essential Clinical Care Service Delivery
- c. Identify funding/planning opportunities to implement infrastructure protection projects and Essential Clinical Care Service Delivery projects.
- d. Gather feedback and comments on mitigation strategies and recommendations contained in Draft Plan (Minimum of three (3) workshops across the 18-county region).
- e. Finalize the North Florida Resiliency Plan for the Health and Medical Lifeline and use a Marketing Plan to disseminate to the healthcare sector partners across north Florida.

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North Florida Resiliency Plan for the Health and Medical Lifeline

Resources (staffing and budget) and monitoring/quality controls:

- **Leigh Wilsey: Region 3 – Healthcare Coalition Alliance Program Manager**
 - Leigh has a public health background and has worked in the discipline for 20+ years. She has served as the Region 3 – Healthcare Coalition Alliance Coordinator for the last three years. Leigh will be responsible for project oversight and coordination with Alliance officers, members, and member organizations.
 - Leigh's time will be an in-kind/leverage contribution to this project.
- **Eric Anderson: Emergency Preparedness Program Manager**
 - Eric has been at NEFRC for 10 years and is a Florida Professional Emergency Manager (FPEM), American Institute of Certified Planner (AICP) and certified Master Exercise Practitioner (MEP). Eric will be responsible for:
 - Project management due to his expertise in emergency management and community planning concepts.
 - Manage subcontracts with contractors for patient surge planning.
 - Implementation of HSEEP compliant Exercise tasks in this project.
- **Sean Lahav: Resiliency Coordinator**
 - Sean is a Resiliency Coordinator and manages the NEFRC Resiliency Program. Sean has a master's in public administration (MPA) and has been the Resiliency Coordinator at NEFRC for more than a year. Sean will be responsible for:
 - Climate Risk and Vulnerability Assessment
 - Climate Exposure Analysis (with GIS Planner)
 - Assist project staff in the development of mitigation strategies
- **Robert Jordan: GIS Planner**
 - Robert is the GIS Planner at NEFRC. Robert completes all GIS work for the various programs of NEFRC including land use planning, transportation, economic development, and emergency management. Robert will be responsible for:
 - GIS Map Series for Healthcare Infrastructure and Climate Vulnerabilities
 - Climate Exposure Analysis (with Resiliency Coordinator)
 - Assistance with the development of the Final Resiliency Plan
- **New Hire: Health Planner**
 - NEFRC will hire a health planner to assist with completion of this project. The health planner will be responsible for:
 - Healthcare Infrastructure Protection and Resilience Assessment and Workshops

CDBG – MIT: Planning Support Program Grant

North Florida Resiliency Plan for the Health and Medical Lifeline

- Essential Clinical Care Service Delivery Assessment and Workshops
 - Development of Mitigation Strategies
 - Update of Existing Plans
 - Develop Mitigation Needs Assessment
 - Completion of the Final Project Document: North Florida Resiliency Plan for the Health and Medical Lifeline
 - Identification of funding/planning opportunities to implement mitigation strategies as identified in the Resiliency Plan
- **Donna Starling: Chief Financial Officer (fiduciary support)**
 - Donna is the CFO of NEFRC and has 25+ year of experience. She will serve as the fiduciary for this project. Donna oversees all finances of NEFRC and will serve as the fiduciary agent for this project.
 - Donna's time will be an in-kind/leverage contribution to this project.

Contractors:

The NEFRC has a list of Qualified Vendors who will be solicited for Patient Surge Planning and Transportation Alternative Tool updates.

List of Qualified Vendors:

- Active Shooter 360
- All Clear Emergency Group
- Critical Integrated Solutions
- Emergency Preparedness Group
- EREC
- Integrated Solutions Consulting
- Sentinel

General Planning Support Program Project Budget Template Instructions

This template is customizable to fit the budget proposal for your project. Feel free to edit left-hand segments and add notes when needed.

If a section does not have enough cells for the category that you are working on, you can add cells by highlighting a complete row and right-clicking. A dialogue box will appear that permits you to add a row of cells. Click “Insert” and then select either “Insert Above” or “Insert Below”, depending on where you would like the new row to be placed. The new row will appear above or below the row you highlighted.

Enter project name, primary contact name and phone number and the official applicant entity name.

1. On the left-hand side of the template there is a list of major project items numbered 1 to 3. Beneath each major project are related sub-groups. You may edit each of these areas to fit your proposed budget plan. For example, if you do not have Mitigation Activities, you may delete that numbered row and the related subgroups.
2. List anticipated and committed sources of other project funding sources in the “Sources of Other Funds” category. These funds are non-CDBG-MIT funds. Include entities you have contacted, even if a funding commitment has not yet been made. Disclose the amount you requested or expect to receive. If you need to add rows in this section, follow the directions for adding rows outlined above.
3. You can use the right-side Notes column to elaborate on budgeted items as needed.

FL CDBG Mitigation

General Planning Support Program Project Budget (Template)

Project Name:	North Florida Resiliency Plan for the Health and Medical Lifeline	Primary Contact Name and Phone Number:	Eric Anderson Office 904-279-0880 x178 Cell 904-505-3428	Official Applicant Entity Name:	Northeast Florida Regional Council
Project		Budget			Notes
Description	CDBG-MIT Amount	Other non CDBG-MIT Funds	Source of Funds*	Total Funds (CDBG-MIT and Other)	
1. Mitigation Plans					
North Florida Resiliency Plan for the Health and Medical Lifeline	\$130,000			\$130,000	Resiliency Plan is the final compilation of the other identified mitigation plans and activities. This is the product of the project program. The Resiliency plan includes data and analysis, vulnerability mapping, healthcare infrastructure assessments, essential clinical care service delivery assessments, patient surge planning, healthcare sector mitigation strategies, mitigation funding sources, and associated marketing strategy.
Update of Existing Plans	\$50,000			\$50,000	Updates existing plans associated to Climate Risk Vulnerability Assessment, Climate Exposure Analysis, and GIS Map Series results
2. Mitigation Activities					
Climate Risk and Vulnerability Assessment & Climate Exposure Analysis	\$100,000			\$100,000	Assessment and Analysis will cover 18 counties across north Florida

GIS Map Series for Healthcare Facility Climate Vulnerability	\$50,000			\$50,000	Map series includes (18-county region): Agency for Healthcare Administration listed healthcare facilities will be mapped and analyzed to determine climate vulnerability associated to storm surge, overland flooding, and sea level rise.
Healthcare Infrastructure Protection and Resiliency Assessment	\$60,000			\$60,000	Assessment will cover healthcare facilities in 18 counties across north Florida
Essential Clinical Care Service Delivery Assessment	\$60,000			\$60,000	Assessment will cover healthcare facilities in 18 counties across north Florida
Outreach Workshops on: 1) Healthcare Infrastructure Protection and Resiliency 2) Essential Clinical Care Service Delivery	\$100,000			\$100,000	Workshops will be implemented for the healthcare sector, with multiple offerings across the 18-county region. Two different workshop series will be offered during the second year of the project. Workshops will go over the results of the regional assessments and provide planning sessions for individual healthcare facilities. Facilities will walk away with strategies to address gaps identified in the assessments. 1) Healthcare Infrastructure Protection and Resiliency 2) Essential Clinical Care Service Delivery
Patient Surge Planning and Exercises	\$130,000			\$130,000	1) Patient Surge Planning for healthcare facilities (pilot program) 2) 15' to 50 Mass Casualty Exercise (Hospital Exercise) 3) Coalition Surge Test Exercise (Regional Exercise)
Administration					
Planning					
Totals:	\$700,000			\$700,000	

*** All funds identified for use on your project must be fully disclosed and detailed to ensure budget accuracy and no duplication of benefits. Show the sources and amounts of other funds needed to complete the project below, including local funds and grants from other agencies. Any anticipated or committed funds must also be included.**

Source of Other Funds	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

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Leveraged Dollars (5 points):

Leveraged Services:

Northeast Florida Regional Council

- NEFRC will provide a project/program fiduciary as in-kind leverage for this program. The Chief Financial Officer estimates an **in-kind (soft match) service donation of \$20,000** over the three-year project timeline.
- NEFRC will provide a project advisor and liaison to the Region 3 – Healthcare Coalition Alliance. The project advisor will help guide the overall project and coordinate with the 700+ members and 470 healthcare facilities in the Healthcare Coalition Alliance. This person will also coordinate the community feedback opportunities for this project. Quarterly membership meetings are conducted where this project will be peer reviewed and amended. **Estimated in-kind (soft match) service donation of \$100,000** over the three-year project timeline.

Leverage Dollar (Post-Project Implementation):

- The Region-3 Healthcare Coalition Alliance, a program of NEFRC, allocates \$170,000 per year, through a competitive funding program, for the healthcare sector to fund projects that address identified gaps and increase the capabilities of the regional healthcare sector and comply with ASPR funding guidance. It is the intent of the Healthcare Coalition Alliance to award portions of annual project funding to eligible mitigation strategies from the North Florida Resiliency Plan for the Health and Medical Lifeline.