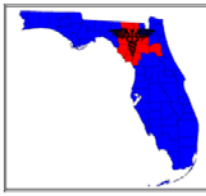


North Central Florida Health Care Coalition

Executive Board Meeting
January 23, 2017
Meeting Notes

The Executive Board of the North Central Florida Health Care Coalition (NCFHCC) met on Monday, January 23, 2017, at 2:00 p.m. at the Alachua County Emergency Operations Center in Gainesville, Florida.

Documents provided to the NCFHCC Board:

1. NCFHCC Board Meeting Agenda – January 23, 2017
2. NCFHCC Board Meeting PowerPoint Slides – January 23, 2017
3. State of Florida, Department of Health Contract Renewal# 0001 Original Contract# COP43 NCFHCC Contract with DOH – July 1, 2016-June 30, 2017
4. North Central Florida Health Care Coalition, Inc., Standard Contract with WellFlorida Council, Inc. Contract Period: July 1, 2016-June 30, 2017
5. NCFHCC Bylaws
6. NCFHCC Strategic & Administrative Plan: 2016-2017
7. Administrative Plan: NCFHCC Structure
8. Financials
    a. NCFHCC Statement of Revenues and Expenditures: 1/1/2016 – 12/31/2016
    b. NCFHCC Balance Sheet – As of 12/31/2016
    c. Coalition Program Sustainment COP43-R1A1, North Central HCC Coalition Budget Year – 2016 to 2017
9. Quarter 1
    a. WellFlorida Council Invoice# 4737
    b. Exhibit 4: NCFHCC Work Plan
    c. Task 3: NCFHCC Health Care Coalition and Task Force Meetings
    d. Exhibit 5: NCFHCC Communications Test Form
    e. Exhibit 6: NCFHCC Deployable Resources / Mission Ready Packages
10. Quarter 2
    a. WellFlorida Council Invoice# 4738
    b. Request for Payment COP43-A1
    c. Exhibit 4: NCFHCC Work Plan
    d. Task 3: NCFHCC Health Care Coalition and Task Force Meetings
    e. Exhibit 5: NCFHCC Communications Test Form
    f. Exhibit 6: NCFHCC Deployable Resources / Mission Ready Packages

11. Recommendations
    a. Exhibit 6: Quarter 3 – NCFHCC Deployable Resources / Mission Ready Packages – work in-progress
    b. Memorandum of Agreement Between Northeast Florida Regional Council and Northeast Florida Healthcare Coalition
    c. Lee County Healthcare Coalition Criteria for Funding Request
    d. Lee County Healthcare Coalition Funding Application Request
    e. Northeast Florida Healthcare Coalition Project Submission Form 2016-17
    f. Press-release: CMS finalizes rule to bolster emergency preparedness of certain facilities participating in Medicare and Medicaid.
12. NCFHCC Meeting Summary: September 19, 2016
13. Accomplishments
    a. NCFHCC 2015 Gap Analysis: Regional Domestic Task Force Region 3 Infectious Disease Response
    b. NCFHCC Exhibit 7: HCC After Action Report / Improvement Plan - US Department of Homeland Security Cyber Tabletop Exercise for the Healthcare Industry: Medical Surge and Cybersecurity Tabletop Exercise – May 26, 2016
    c. Exhibit 6: Hazard and Vulnerability Analysis – November 12, 2015
14. Florida Health Care Coalitions Tasks At-A-Glance By Quarter 2016-2017

Call to Order

The meeting was called to order by Chair Harold Theus, with a validation of a quorum, with the following Board members present:

Chair, Harold Theus, Deputy Chief Alachua County Fire Rescue
Vice-Chair, Dan Mann, Emergency Preparedness Planner – DOH
Member-at-Large, Suzanne DeKay, UF Health Shands
Emergency Medical Services – Mitch Harrell, Director of Public Safety, DOH Levy County
Hospitals – Jennifer Grafton, CFO Shands Live Oak, Suwannee County
Public Health – Mary Garcia, Administrator / Health Officer, DOH Putnam County

Absent: Emergency Management – Jen Horner, Emergency Management Program Coordinator, Alachua County – Attending on her behalf is Jeff Bielling, Assistant Director Alachua County Emergency Management.

For others in attendance, please see attached sign-in sheet. Introductions were made.

Approval of Minutes

The minutes from the September 19, 2016 meeting were provided at the start of the meeting.

The Board requested that meeting minutes and other documents to be reviewed at upcoming meetings be shared ahead of time for review. As indicated in the NCFHCC Bylaws, meeting minutes will henceforth be provided within seven (7) business days after meeting date.

Bylaws will be updated to reassign responsibility of taking meeting minutes to NCFHCC coordinator once subcontract with WellFlorida Council is approved by DOH.

Meeting minutes were motioned for approval by Mary Garcia and seconded by Mitch Harrell. Motion passed unanimously.

Financials

Financial Report

Lindsey Redding, WellFlorida Council Director of Community Initiatives, provided an update.

Until recently Robert L. Linnens managed the accounting records for NCFHCC. WellFlorida has since been given all known financial records from which to draw an analysis. WellFlorida does not have all the information needed for a complete analysis. The financial report provided by WellFlorida is based on limited information. The financial figures could change as the picture becomes clearer.

The NCFHCC fiscal year currently runs from January 1, 2016 – December 31, 2016, however the current NCFHCC contract year runs from July 1, 2016 – June 30, 2017. It is planned that if WellFlorida becomes the NCFHCC Coordinator that the fiscal year will be changed to July 1, 2017 – June 30, 2018. Until July 1, 2017, WellFlorida Council suggests the use of QuickBooks to manage the remaining contract period, which will end on June 30, 2017.

WellFlorida cannot incorporate NCFHCC financials into its own accounting system at this time because of the incomplete state of NCFHCC's books and for audit reasons. Some backup documentation is missing as well as some invoices.

Whether the NCFHCC has liability insurance was in question, since WellFlorida Council could not locate a policy or policy number. Harold Theus has reached out to the former Chair of NCFHCC, Paul Myers, for this information and other financial records.

On July 1, 2017, WellFlorida Council will take full responsibility for the financials and incorporate it into their accounting system provided it is the desire of NCFHCC and DOH approves the contract. The alternative would be to allow NCFHCC to manage their books with QuickBooks.

NCFHCC decided it will need to have four users that are able to access QuickBooks. *Susanne DeKay made a motion to authorize WellFlorida Council to spend up to $40.00 per month on QuickBooks that would allow four users. Mary Garcia seconded the motion. Motion was approved unanimously.*

Coordinator Updates

Review of 2015-2016 Deliverables (7/1/2015 – 6/30/2016)

Myesha Ponder, WellFlorida Council Associate Planner reviewed deliverables submitted in contract year 2015/2016. Myesha Ponder described, in length, two deliverables to give examples of what was developed last contract year. Documentation for the deliverables Gap Analysis, and After Action Report and Improvement Plan (AAP/IP) was provided to the Board.

The following deliverables were submitted and approved:

1. Exercise: US Department of Homeland Security Cyber Tabletop Exercise for the Healthcare Industry: Medical Surge and Cybersecurity Tabletop Exercise
   Date of exercise: May 26, 2016
2. Gap Analysis: Regional Domestic Task Force Region 3 Infectious Disease Response

Status of 2016-2017 Deliverables (7/1/2016 – 6/30/2017)

Quarter 1 & Quarter 2: Deliverables were submitted and approved. The submitted mission ready packages were provided by Brian Johns of Bradford County Emergency Management and Edward Baltzey of Suwannee County Department of Health.

Quarter 3: The Training and Exercise Work Plan (TEPW) has been submitted. Mary Register is working on providing feedback to Myesha Ponder on identifying sources of training in which NCFHCC members have interest. Other deliverables that are in-progress include: Work Plan, Participation in HCC and TF Meetings, Communication Capability Test, and Mission Ready Packages.

WellFlorida Council reviewed the Work Plan which has one anticipated project called Rural County Coordination. The Board will address anticipated projects in upcoming meetings.
This anticipated project has not been voted on by the NCFHCC Board and can be changed. It is unlikely that this project will take place this contract year. The Work Plan is submitted quarterly to DOH. The next quarterly update to the Work Plan is due March 16, 2017.

Participation in TEPW, and HCC and TF Meetings

Myesha Ponder attended the Training and Exercise Planning Workshop (TEPW) and the Health Care Coalition (HCC) and Task Force (TF) meeting. The meetings were held in Melbourne, Florida on January 18, 2017 – January 19, 2017. Myesha Ponder highlighted two important findings from these meetings.

First, the DOH may be implementing a no-notice or short-notice exercise in which NCFHCC's participation will be required. The deliverable has not yet been written by DOH, therefore specifics are unknown. It is unclear whether this will be a functional (tabletop) exercise or a full-scale exercise.

Second, a new rule, *Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*, established by the Centers for Medicare & Medicaid Services (CMS) takes effect on November 15, 2016 and must be implemented by November 15, 2017. This rule requires all health care providers receiving funds from the CMS to establish an emergency preparedness procedure. Information about this rule was distributed to the Board.
Daniel Simpson of the Tampa Bay Health and Medical Preparedness Coalition is willing to conduct a presentation for NCFHCC about this rule in should the Board desire.
Action: Myesha will check with Daniel Simpson if money would be due for him to present.

New Business

Elect Secretary/Treasurer

Suzanne DeKay was nominated for Secretary/Treasurer. *Jennifer Grafton made a motion to vote to elect Suzanne DeKay as Secretary/Treasurer. Mary Garcia seconded the motion. Motion carried.*

Communication Capability Test

Suzanne DeKay brought to the attention of the board that the information on the Communications Test Form is out-of-date and requires updating. The contact information will be validated before the next test is performed.

Everbridge and CodeRED are applications that were suggested to be used to carry out this test. The use of these two applications will be explored and further information will be provided at the next board meeting.

Project Proposal Submission and Scoring Process

The NCFHCC sets aside some funding for projects. Example documents of what other health care coalitions have done in the past in selecting projects to fund was provided to the Board. These examples are from the Northeast Florida Health Care Coalition and Lee County Healthcare Coalition. The Board discussed that using a scoring process may create problems if one project is approved over another, with a higher score, but is not selected for funding.

Next Meeting

The next meeting of the NCFHCC Board will be held on **Monday, February 27, 2017 at the Alachua County Emergency Operations Center from 2:00 p.m. – 4:00 p.m.** With no further business, the meeting was adjourned at 4:00 p.m. by Chair Harold Theus.

The use of these two applications is being explored and further information will be provided.

Project Proposal Submission and Scoring Process

Example documents of what other health care coalitions have done in the past in selecting projects to fund was provided to the Board. These examples are from the Northeast Florida Health Care Coalition and Lee County Healthcare Coalition. The Board discussed that using a scoring process may create problems if one project is approved over another, with a higher score, but is not selected for funding.

The next meeting of the NCFHCC Board will be held on Monday, February 27, 2017 at the Alachua County Emergency Operations Center from 2:00 p.m. – 4:00 p.m. With no further business, the meeting was adjourned at 4:00 p.m. by Chair Harold Theus.

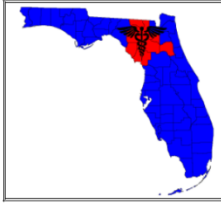
North Central Florida Health Care Coalition

Board Meeting

DATE: January 23rd 2017

LOCATION: Alachua County Emergency Operations Center

Name	Agency	Contact Information (Phone or Email)
Mitch Harrell	Levy County Dept of Public Safety	(352) 745-1498 mharrell@levydps.com
Mary Gareth	DOH Putnam	386-326-3254 MARY.GARETH@FLHEALTH.GOV
Suzanne DeKay	UF Health Shands	espet0001@shands.ufl.Edu
Ebben Spellman	UF Health Shands	
Jennifer Grafton	Shands Live Oak	386-362-0835
Lindsey K. Reddig	WellFlorida Council	352-538-2958
JOHN SHAW	ACFR EM	JSHAW@ALACHUACOUNTY.US
JEFF BIGELOW FOR J. HORNER	ACEM	JBIGELOW@ALACHUACOUNTY.US
DAN MANN	FDOH BRADFORD-UNION	904-964-7735
HAROLD THEUS	ALACHUA COUNTY FIRE RESCUE	352-384-3132
Myesha Ponder	WellFlorida Council	mponder@wellflorida.org
Donald Greist	WellFlorida Council	dgreist@wellflorida.org



North Central Florida Health Care Coalition

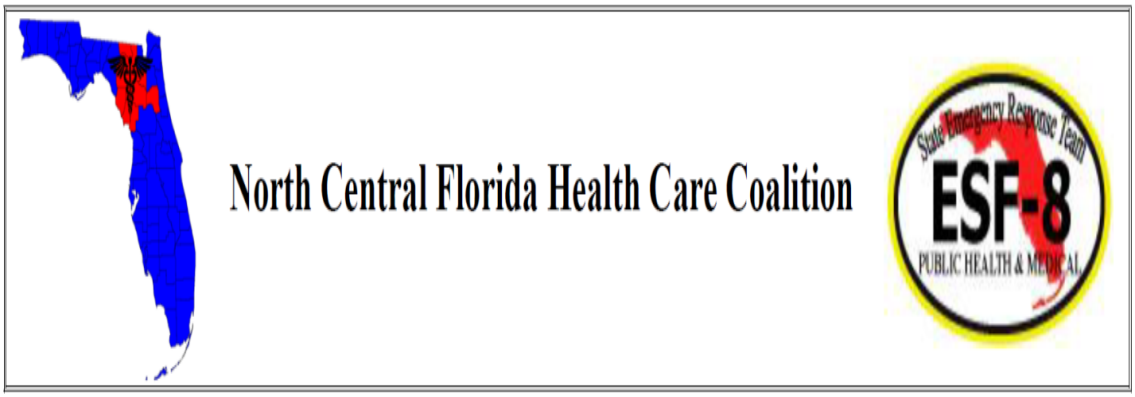
Board Meeting Agenda

Date/Time: Monday, January 23, 2017, 14:00 – 16:00 (2 PM – 4 PM)

Location: Alachua County Emergency Operations Center

1100 SE 27th Street, Gainesville, FL 32641

1. Call to Order
    - Validation of voting members present
    - Introductions
    - *Approval of minutes from September 19th 2016
2. Financials
    - Financial Report
    - Review Financial Management Plan
    - Current Budget Allocations
3. Coordinator Updates
    - Review of 2015-2016 deliverables
    - Status of 2016-2017 deliverables
    - Update from TEPW and HCCTF Meetings
4. New Business
    - Elect Secretary/ Treasurer
    - Quarter 4 Task 8 Exercise
    - Project Proposal Submission and Scoring Process
    - Schedule Next Member Meeting
5. Next Meeting: Monday, February 27th 2017



Board Meeting

Date/Time: Monday, January 23, 2017, 14:00 – 16:00 (2 PM – 4 PM)

Location: Alachua County Emergency Operations Center
1100 SE 27th Street, Gainesville, FL 32641

Call to Order

- Validation of voting members present
- Introductions
- *Approval of minutes from September 19th 2016

Financials

- Financial Report
- Discuss Financial Management Plan
- Current Budget Allocations

Review of 2015-2016

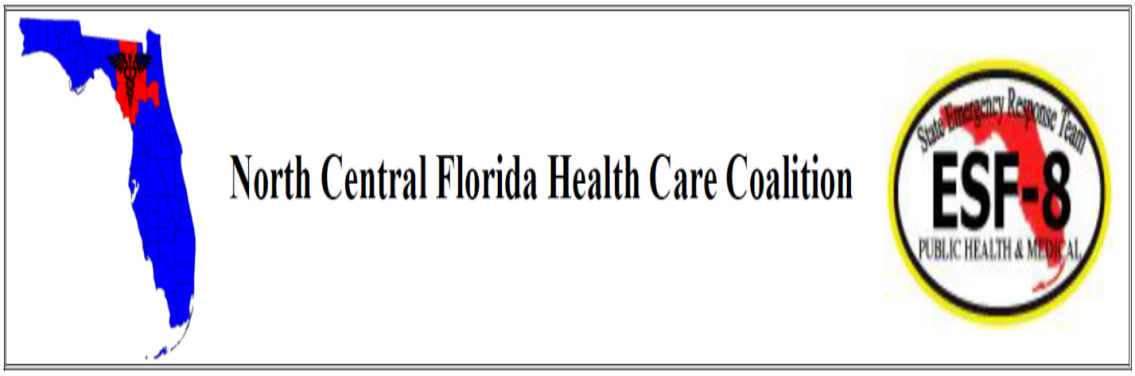
- Contract Period: July 1st, 2015- June 30th 2016
- Deliverables Submitted and Approved
  - Cybersecurity and Medical Surge Table Top Exercise
  - Gap Analysis for Infectious Disease Response

Status of 2016-2017

- Update on Deliverables
  - Quarter 1 and Quarter 2 Submitted and Approved
    - Work Plan
    - Participation in HCC and TF Meetings
    - Communication Capabilities Test
    - Mission Ready Package
      - Recommendations
  - Quarter 3 due 4/15
    - TEPW due 1/30
    - Work Plan
    - Participation in HCC and TF Meetings
    - Communication Capabilities Test
    - Mission Ready Package
  - Quarter 4 due 7/15
    - HSEEP or FS Exercise due 5/30
    - AAR/IP due 5/30
    - Work Plan
    - Participation in HCC and TF Meetings
    - Communication Capabilities Test
    - Mission Ready Package
    - ASRP HPP Survey due 6/30
- Update from TEPW and HCCTF Meeting

New Business

- Elect Secretary/Treasurer
- Quarter 4 Task 8 Exercise
  - Participate in a minimum of one Full Scale Exercise or Homeland Security Exercise and Evaluation Program with participation from Coalition member organizations by May 30
- Project Proposal Submission and Scoring Process
  - Examples
    - Northeast Florida Health Care Coalition
    - Lee County Health Care Coalition
- Next NCFHCC Meeting?



Next Board Meeting

Date/Time: Monday, February 26, 2017, 14:00 – 16:00 (2 PM – 4 PM)

Location: TBA

STATE OF FLORIDA

DEPARTMENT OF HEALTH

CONTRACT RENEWAL # 0001

ORIGINAL CONTRACT # COP43

THIS RENEWAL is entered into between the State of Florida, Department of Health, hereinafter referred to as the "Department" and North Central Florida Health Care Coalition, Inc., hereinafter referred to as the "provider".

As stated on page 19 Attachment I, paragraph D.1., of Contract #COP43, the department is exercising its option to renew this contract if mutually agreed to by both parties beginning on July 1, 2016 and ending on June 30, 2017 in an amount not to exceed $115,000.00 as stated in the original contract, as amended.

All terms and conditions of said original Contract and any supplements and amendments thereto shall remain in force and effect for this renewal.

IN WITNESS WHEREOF, the parties have executed this Renewal by their undersigned officials as duly authorized.

PROVIDER: North Central Florida Health Care Coalition, Inc.

SIGNED BY : _____

NAME: Harold Theus

TITLE: President

DATE: _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH

SIGNED BY: _____

NAME: Wayne A. North

TITLE: Director, Division of Emergency Preparedness and Community Support

DATE: _____

FEDERAL ID NUMBER: 38-3861436

AMENDMENT #0001

This amendment, entered into between the State of Florida, Department of Health, hereinafter referred to as the "Department" and North Central Florida Health Care Coalition, Inc., hereinafter referred to as "Provider", amends contract #COP43-R1.

The Department and Provider have agreed to amend this contract to decrease funding, revise program tasks, performance measures, and the financial consequences.

1. Standard Contract, Section II, A. Contract Amount, "$115,000.00" is deleted and replaced with "$111,271.00."

2. Attachment I, pages 7 through 19, is deleted in its entirety and replaced with the revised Attachment I.

3. Exhibit 4, Attestation of No Meeting is deleted in its entirety and replaced with the revised Exhibit 4, Work Plan.

4. Exhibit 6, Community Capability Test Checklist is deleted in its entirety and replaced with the revised Exhibit 6, Deployable Resources/Mission Ready Pack.

5. Exhibit 7, HCC MYTEP is deleted in its entirety and replaced with the revised Exhibit 7, MYTEP Report.

6. Exhibit 8, Attestation of Qualifying Exercise is deleted in entirety and replaced with the revised Exhibit 8, Invoice.

7. This amendment shall begin on July 1, 2016, or the date on which the amendment has been signed by both parties, whichever is later.

   All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform with this amendment.

   All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

   This amendment and all its attachments are hereby made a part of the contract.

IN WITNESS THEREOF, the parties hereto have caused this 22 page amendment to be executed by their officials thereunto duly authorized.

PROVIDER: North Central Florida Health Care Coalition, Inc.

SIGNED BY : _____

NAME: Harold Theus

TITLE: President

DATE: _____

FEDERAL ID NUMBER: F38-3861436

STATE OF FLORIDA
DEPARTMENT OF HEALTH

SIGNED BY: _____

NAME: Wayne A. North

TITLE: Director, Division of Emergency Preparedness and Community Support

DATE: _____

ATTACHMENT I

A. Services to be Provided

1. Definition of Terms

a. After Action Report – Improvement Plan (AAR-IP): A plan to improve the efficiency and responsiveness of a Health Care Coalition (HCC) in response to deficiencies noted during an exercise or real life event.

b. Florida Emergency Support Function 8 (ESF8): A coordinated preparedness effort of organizations within Florida designed to respond to incidents and events that may impact public health and healthcare within the State. The Department is the lead agency of the ESF 8 at the state level.

c. Full-Scale Exercise: In a full-scale exercise, events are projected through an exercise scenario with event updates that drive activity at the operational level. Full-scale exercises are usually conducted in a real-time, stressful environment that is intended to mirror a real incident. Personnel and resources may be mobilized and deployed to the scene, where actions are performed as if a real incident had occurred. The full-scale exercise simulates reality by presenting complex and realistic problems that require critical thinking, rapid problem solving, and effective responses by trained personnel.

d. Functional Exercises: Exercises designed to validate and evaluate capabilities; multiple functions and sub-functions; or interdependent groups of functions. Functional exercises are typically focused on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions. In functional exercises, events are projected through an exercise scenario with event updates that drive activity typically at the management level. A functional exercise is conducted in a realistic real-time environment. Movement of personnel and equipment is usually simulated.

e. HCC: Collaborative networks of health care organizations and their respective public and private sector response partners that serve as a multi-agency coordination group that assists Emergency Management & Health and Medical with preparedness, response, recovery, and mitigation activities related to health care organization disaster operations. To be considered as participating, the HCC must be recognized by the Department's Community Preparedness Section.

f. HCC Member Organizations: Individual organizations within Provider's HCC that participate in HCC preparedness planning and training.

g. Medical Surge: Incidents that exceed the limits of the normal medical infrastructure of an affected community.

h. Mission Ready Packages: Specific response and recovery resources capabilities that are organized, developed, trained, and exercised prior to an emergency or disaster. Mission Ready Packages allow for the rapid

identification, location, request, order, and tracking of specific resources quickly and effectively.

i. Quarter: A three-month period of the contract. The quarters for this contract are July to September (first quarter); October to December (second quarter); January to March (third quarter); and April to June (fourth quarter).

j. Real World: An actual response to a local, regional, state, or federal emergency incident or event (e.g., flood, hurricane, fire, flooding, contagious disease, and terrorism response).

k. Service Area: The geographical area in which Provider will provide services under this contract are located in Hamilton, Suwannee, Lafayette, Gilchrist, Levy, Columbia, Alachua, Union, Bradford, Dixie and Putnam County.

l. Training and Exercise Planning Workshop (TEPW): A meeting to develop training and exercise priorities, Multi-Year Training and Exercise Plan (MYTEP), for the next three years.

m. The Office of the Assistant Secretary for Preparedness and Response (ASPR): A federal program within the U.S. Department of Health and Human Services that focuses on preparedness planning and response and building federal emergency medical operational capabilities.

2. General Description

a. General Statement: This contract is to prepare HCC member organizations for emergencies and to increase their communication and coordination capabilities.

b. Authority: Sections 252.35(2)(a)3, and 381.0011(7), Florida Statutes.

B. Manner of Service Provision

1. Scope of Work: Provider will provide resources and participate in activities that support the development of communication and preparedness of HCC member organizations and participate in disaster preparedness training and exercises to increase their ability to respond to crises.

a. Tasks: Provider will perform the following tasks.

1) Prepare a work plan (Exhibit 4) for the first year of the contract and submit it to the Contract Manager for approval within 15 days from the date of contract execution. Include the following information in the Work Plan:

a) Identify the HCC task force members and their designees, and;

b) An allocation methodology outlining projected costs for the contract term.

2) Update the Exhibit 4 each quarter and submit it to the Contract Manager within 15 days from the end of each quarter. Include the following information in the quarterly work plan:

a) Administrative information about the healthcare coalition including the HCC chair's name and contact information, the HCC's organizational structure, all member organizations by discipline, the healthcare coalition's fiduciary agent, if applicable, and counties within the healthcare coalition;

b) List the top five hazards identified in the HCC's latest hazard/community vulnerability assessment; the top five risks derived from assessments, after-action reports and other sources; and the top three training and exercise needs from the HCC's previous year's training and exercise plan workshop;

c) Identify projects aimed at closing gaps in healthcare preparedness and responses within the service area;

d) List of supplies and equipment in the service area capable of being used to support medical surge or mass casualty incidents;

e) Review the durability of equipment and cache in the service area and its capability to handle a mass casualty or medical surge event;

f) Identify how Provider will engage community services (e.g., long term care, public health, emergency medical services, and dialysis centers) in planning and response efforts related to surge capacity in large scale events or incidents;

g) Update the names of the HCC task force members or their designees as needed; and,

h) An allocation methodology outlining projected costs for each quarter.

3) Ensure each HCC task force member or their designee attend a minimum of seven teleconferences and two face-to-face meetings by June 30 of each contract year. Have each HCC task force member or their designee complete a brief summary for each meeting and teleconference they attend. Submit each completed

summary to the Contract Manager within 15 days from the end of each quarter.

4) Perform a HCC communication capability test a minimum of once each quarter. The test should assess the functionality and interoperability of communications systems used by HCC member organizations. Document the test results in Exhibit 5 and submit it to the Contract Manager within 15 days from the end of each quarter.

5) During quarters one through three of each contract year, prepare the Mission Ready Packages (Exhibit 6) for each HCC member, in coordination with the Department and submit it to the Contract Manager for approval within 15 days from the end of each quarter. For each quarterly requirement listed below, document in Exhibit 6, how the HCC worked with the ESF8 Planning and Operations Section as follows:

   a) First Quarter: Submit a list of identified resources within the HCC coalitions jurisdiction that could be available to other regions within the state during a disaster.

   b) Second Quarter: Submit the first completed draft of the Mission Ready Packages to the Contract Manager.

   c) Third Quarter: Submit the second completed draft of the Mission Ready Packages to the Contract Manager.

6) Submit the final approved version of the Exhibit 6 to the Contract Manager within 15 days from the end of the fourth quarter.

7) Ensure members or their designees participate in TEPW exercises by January 30 of each year of the contract. Prepare the MYTEP Report (Exhibit 7) and submit it to the Contract Manager within 15 days prior to the scheduled TEPW event.

8) Participate in a minimum of one Homeland Security Exercise and Evaluation Program's functional or full-scale exercise with participation from HCC member organizations by May 30 of each contract year. During the exercise, test emergency capabilities related to emergency operations, information sharing and medical surge (specifically patient movement), and health care system recovery (specifically continuity of operations). Use the previous year's Florida emergency AAR-IPs, hazard vulnerability analyses and the principles of the preparedness cycle to determine capabilities to exercise. A real world event with participation from HCC member organizations may substitute for the functional or full-scale exercise. Include the following in the HCC AAR-IP:

a) An evaluation of medical surge capability of HCC member organizations during a real response event or an exercise; and;

b) Provide documentation of HCC member organizations' health care facilities ability to coordinate management of medical surge, provide appropriate levels of patient care, to provide no less than 20 percent immediate bed availability of staffed beds for patients suffering from severe medical conditions within four hours of a disaster that involves medical surge.

9) Prepare the HCC AAR-IP and submit it to the Contract Manager within 60 calendar days following the scheduled functional or full-scale exercise or event, but no later than May 30 of each contract year, whichever is earlier.

10) Complete the annual ASPR HPP survey within 10 days from the date of receipt from the Department or by June 30, whichever is earlier and submit it to the Contract Manager. The Department will provide the survey format.

b. Deliverables: Provider will complete the following deliverables in the time and manner indicated:

1) Quarterly: Provision of HCC development and preparedness activities as specified in Tasks B.1.a.1) through B.1.a.10).

c. Performance Measures: Deliverables must be met at the following minimum level of performance:

1) Deliverable B.1.b.1):

a) Work plans must be submitted as specified.

b) A minimum of seven teleconferences and two face-to-face meetings must be attended by each HCC Task Force member or their designee as specified.

c) At least one HCC member communication capability test must be performed each quarter as specified.

d) The HCC communications capability test results must be submitted as specified.

e) A list of identified resources within the HCC coalitions jurisdiction must be submitted as specified.

f) The first completed draft of Exhibit 6 must be submitted as specified.

g) The second completed draft of Exhibit 6 must be submitted as specified.

h) Final approved version of Exhibit 6 must be submitted as specified.

i) Participate in the TEPW exercises as specified.

j) The HCC MYTEP Report must be submitted as specified.

k) At least one functional exercise, full-scale exercise, or real event must be attended as specified.

l) The HCC AAR-IP must be submitted as specified.

m) The ASPR HPP survey must be submitted as specified.

2. Financial Consequences: Failure of Provider to complete or submit the deliverables in the time and manner specified will result in a reduction in payment for that deliverable as follows:

a) Deliverable B.1.b.1):

1) Failure to submit the Work Plans as specified will result in a 20 percent reduction in that quarter's invoice.

2) Failure of each HCC task force member or their designee to attend the minimum number of teleconferences and face-to-face meetings as specified will result in a 20 percent reduction in that quarter's invoice for each member that does not attend the teleconferences or face-to-face meeting.

3) Failure to perform a minimum of one HCC member communication capability test as specified will result in a 10 percent reduction in that quarter's invoice.

4) Failure to submit the results of the HCC communications capability test as specified will result in a 10 percent reduction in that quarter's invoice.

5) Failure to submit a list of identified resources within the HCC jurisdiction as specified will result in a 10 percent reduction in that quarter's invoice.

6) Failure to submit the first draft of the Mission Ready Package as specified will result in a 10 percent reduction in that quarter's invoice.

7) Failure to submit the second draft of the Mission Ready Package as specified will result in a 10 percent reduction in that quarter's invoice.

8) Failure to submit the final approved version of the Mission Ready Package as specified will result in a 10 percent reduction in that quarter's invoice.

9) Failure to participate in the TEPW exercises as specified will result in a 10 percent reduction in that quarter's invoice.

10) Failure to submit the HCC MYTEP Report as specified will result in a 10 percent reduction in that quarter's invoice.

11) Failure to attend a minimum of one functional exercise, full-scale exercise, or real event as specified will result in a 10 percent reduction in that quarter's invoice.

12) Failure to submit the HCC AAR-IP as specified will result in a 10 percent reduction in that quarter's invoice.

13) Failure to submit the ASPR HPP survey as specified will result in a 10 percent reduction in that quarter's invoice.

3. Service Location and Equipment:

a. Service Delivery Location: Services will be performed at Provider's primary office located at 224 South East 24th Street, Gainesville, Florida 32641.

b. Service Times: Service times are at the discretion of Provider and should be reasonable to accommodate Provider's HCC members.

c. Changes in Location and Times:

1) Provider will notify the Contract Manager in advance of changing the time or location of any scheduled activities. Such changes will only be allowed if the Department's Contract Manager approves of the change in advance of either the rescheduled event or the originally scheduled time of the event, whichever is earliest.

2) Changes in location or time due to emergencies must be made to ensure the safety of participants and the availability of HCC members to provide health care services in the event of an emergency. Provider will notify the Department's Contract Manager within seven days of any change in time or location made due to an emergency.

4. Staffing Requirements

a. Staffing Levels and Professional Qualifications: Provider is responsible for employing sufficient staff to perform all activities under this contract. All staff must have the experience, education, and qualifications to perform any duties assigned to them under this contract

b. Staffing Level Changes: Provider will notify the Contract Manager of any changes in staffing that cause Provider to be unable to perform their duties under this contract.

C. Method of Payment:

1. Payment:

a. This is a fixed price, fixed fee contract. The Department will pay Provider, upon satisfactory completion of the Deliverable outlined in Section B.1.b. and provided in accordance with the terms and conditions of this contract, four quarterly payments of $27,817.75 not to exceed $111,271.00 per year, subject to the availability of funds.

b. A unit of service will consist of one quarter of completed required deliverables as specified in Section B.1.b. A quarter of deliverables will include any deliverables due in that quarter, including annual deliverables scheduled for delivery in a particular quarter.

2. Invoice Requirements: Provider will request payment on a quarterly basis through submission of an invoice (Exhibit 8) to the Contract Manager within 15 calendar days following the end of the quarter for which payment is being requested. Each invoice must be on letterhead and contain a list of all deliverables completed during the invoice period, the amount of the invoice, a statement certifying the accuracy of the invoice, and the signature of an individual with the authority to bind Provider.

D. Special Provisions:

1. Contract Renewal: This contract may be renewed on a yearly basis for no more than three years beyond the initial contract or for the original term of the contract, whichever is longer and is subject to the same terms and conditions set forth in the initial contract. Renewals must be in writing, made by mutual agreement, and will be contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the Department and will be subject to the availability of funds.

2. In-Kind/Match Contributions: Prepare an In-Kind/Match Contribution Letter which documents the in-kind contributions for this contract. For the purposes of this contract, in-kind is defined as non-federal, non-cash contributions. These contributions are generally of fair market value referred to as property, space, personnel, equipment, or contributions of services. The in-kind letter must include, at a minimum, verifiable details that document the amount and type of in-kind contribution Provider is contributing, and an attestation from Provider's Finance Director, which states no federal funds were used, nor has any duplication of cost sharing occurred.

End of Text

North Central Florida Health Care Coalition (NCFHCC), Inc.

STANDARD CONTRACT

THIS CONTRACT is entered into between the North Central Florida Health Planning Council, Inc, dba. WellFlorida Council, Inc, hereinafter referred to as the "PROVIDER", and North Central Florida Health Care Coalition, Inc., hereinafter referred to as "COALITION".

THE PARTIES AGREE:

I. THE PROVIDER AGREES:

A. To provide services in accordance with the conditions specified in Attachment I.

B. Requirements of Section 287.058, FS

To provide units of deliverables, including reports, findings, and drafts as specified in Attachment I, to be received and accepted by the contract manager prior to payment. To comply with the criteria and final date by which such criteria must be met for completion of this contract as specified in Section III, Paragraph A of this contract. To submit bills for fees or other compensation for services or expenses in sufficient detail for a proper pre-audit and post-audit thereof. To allow public access to all documents, papers, letters, or other materials subject to the provisions of Chapter 119, FS, and made or received by the PROVIDER in conjunction with this contract. It is expressly understood that the PROVIDER's refusal to comply with this provision shall constitute an immediate breach of contract.

C. To agree to the following governing law:

1. State of Florida Law
   This contract is executed and entered into in the State of Florida, and shall be construed, performed, and enforced in all respects in accordance with the laws, rules, and regulations of the State of Florida. Each party shall perform its obligations herein in accordance with the terms and conditions of the contract

2. Federal Law

a. If this contract contains federal funds, the PROVIDER shall comply with the provisions of 45 CFR, Part 74, and/or 45 CFR, Part 92, and other applicable regulations as specified in Attachment I.

b. If this contract contains federal funds and is over $100,000, the PROVIDER shall comply with all applicable standards, orders, or regulations issued under Section 306 of the Clean Air Act, as amended (42 U.S.C. 1857(h) et seq.), Section 508 of the Clean Water Act, as amended (33 U.S.C. 1368 et seq.), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15). The PROVIDER shall report any violations of the above to COALITION.

c. If this contract contains federal funding in excess of $100,000, the PROVIDER must, prior to contract execution, complete the Certification Regarding Lobbying form. If a Disclosure of Lobbying Activities form, Standard Form LLL, is required, it may be obtained from the contract manager. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the contract manager.

d. Not to employ unauthorized aliens. The COALITION shall consider the employment of unauthorized aliens a violation of section 274A(e) of the Immigration and Naturalization Act. Such violation shall be cause for unilateral cancellation of this contract by the COALITION.

e. The PROVIDER and any subcontractors agree to comply with Pro-Children Act of 1994, Public Law 103-277, which requires that smoking not be permitted in any portion of any indoor facility used for the provision of federally funded services including health, day care, early childhood development, education or library services on a routine or regular basis, to children up to age 18. Failure to comply with the provisions of the law may result in the imposition of civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

f. HIPAA: Where applicable, the PROVIDER will comply with the Health Insurance Portability Accountability Act as well as all regulations promulgated hereunder (45CFR Parts 160, 162, and 164).

D. Audits, Records, and Records Retention

1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices which sufficiently and properly reflect all revenues and expenditures of funds provided by COALITION under this contract.

2. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by federal, state, or other personnel duly authorized by COALITION.

3. To retain all financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to the administration of this contract for a period of six (6) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract. In addition, all client records and documentation containing confidential medical information on individual participants will be securely maintained for a minimum of seven (7) years.

4. Persons duly authorized by COALITION and federal auditors, pursuant to 45 CFR, Part 92.36(I)(10), shall have full access to and the right to examine any of PROVIDER'S contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.

5. Upon completion or termination of the contract and at the request of COALITION, the PROVIDER will cooperate with the COALITION to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in Section 1, paragraph D.5. above.

E. Monitoring by COALITION

To permit persons duly authorized by COALITION to inspect any records, papers documents, facilities, and/or goods and services of the PROVIDER which are relevant to this contract, and /or interview any clients and employees of the PROVIDER to assure COALITION of the satisfactory performance of the terms and conditions of this contract. Following such evaluation COALITION will deliver to the PROVIDER a report of its findings and recommendations with regard to the PROVIDER's performance of the contract terms and conditions. The PROVIDER will correct all noted deficiencies identified by COALITION within the specified period of time set forth in the recommendations. The PROVIDER's failure to correct noted deficiencies may, at the exclusive discretion of COALITION, result in any one or any combination of the following: (1) the PROVIDER being deemed in breach or default of this contract; (2) the withholding of payments to the PROVIDER by COALITION; and (3) the termination of this contract for cause.

F. Indemnification
NOTE; PARAGRAPH 1.F.1. and 2 are not applicable to contracts executed between state agencies or subdivisions, as defined in section 768.28, FS.

1. The PROVIDER shall be liable for and shall indemnify, defend, and hold harmless COALITION and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs, arising out of any act, actions, neglect or omissions by the PROVIDER, its agents, or employees during the performance or operation of this contract or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property.

2. The PROVIDER's inability to evaluate liability or its evaluation of liability shall not excuse the PROVIDER's duty to defend and indemnify within seven (7) days after such notice by COALITION is given by registered mail. Only adjudication or judgment after highest appeal is exhausted specifically finding the PROVIDER not liable shall excuse performance of this provision. The PROVIDER shall pay all costs and fees related to this obligation and its enforcement by COALITION. COALITION's failure to notify the PROVIDER of a claim shall not release the PROVIDER of the above duty to defend.

G. Insurance

To provide adequate liability insurance coverage on a comprehensive basis and to hold such liability insurance at all times during the existence of this contract and any renewal(s) and extension(s) of it. Upon execution of this contract, unless it is a state agency or subdivision as defined by section 768.28, FS, the PROVIDER accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the PROVIDER and the clients to be served under this contract. Upon the execution of this contract, if requested, the PROVIDER shall furnish COALITION with written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida.

H. Safeguarding Information

Not to use or disclose any information concerning a recipient of services under this contract for any purpose not in conformity with state regulations and federal law or regulations (45 CFR, Part 205.50), except upon written consent of the recipient, or his/her responsible parent or guardian when authorized by law.

I. Assignments and Subcontracts

1. To neither assign the responsibility of this contract to another party nor subcontract for any of the work contemplated under this contract without prior written approval of COALITION which shall not be unreasonably withheld. Any sublicense, assignment or transfer otherwise occurring shall be null and void.

2. The PROVIDER shall be responsible for all work performed and all expenses incurred with the project. If COALITION permits the PROVIDER to subcontract all or part of the work contemplated under this contract, including entering into subcontracts with vendors for services and commodities, it is understood by the PROVIDER that COALITION shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and the PROVIDER shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. The PROVIDER, at its expense, will defend COALITION against such claims.

3. Unless otherwise stated in the contract between the PROVIDER and the subcontractor, payments made by the PROVIDER to the subcontractor must be within seven (7) working days after receipt of full or partial payments from COALITION in accordance with section 287.085.FS. Failure to pay within seven (7) working days will result in a penalty charged against the PROVIDER and paid to the subcontractor in the amount of one-half of one (1) percent of the amount due per day from the expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed (15) percent of the outstanding balance due.

J. Return of Funds

To return to COALITION any overpayments due to unearned funds or funds disallowed pursuant to the terms of this contract that were disbursed to the PROVIDER by COALITION. In the event that the PROVIDER or its independent auditor discovers an overpayment has been made, the PROVIDER shall repay said overpayment within 40 calendar days without prior notification from COALITION. In the event that COALITION first discovers an overpayment has been made, COALITION will notify the PROVIDER by letter of such a finding. Should repayment not be made in a timely manner, COALITION will charge interest of one (1) percent per month compounded on the outstanding balance after 40 calendar days after the date of notification or discovery.

K. Incident Reporting

Abuse, Neglect, and Exploitation Reporting
In compliance with Chapters 39 and 415, FS, an employee of the PROVIDER who knows or has reasonable cause to suspect that a child, aged person, or disabled adult is or has been abused, neglected or exploited shall immediately report such knowledge or suspicion to the central abuse registry and tracking system of the Department of Children and Families on the single statewide toll-free telephone number (1-800-96ABUSE).

L. Transportation Disadvantaged

If clients are to be transported under this contract, the PROVIDER will comply with the provisions of Chapter 427, FS, and Rule Chapter 41-2, FAC.

M. Purchasing

1. Procurement of Materials with Recycled Content
   It is expressly understood and agreed that any products or materials which are the subject of or are required to carry out this contract shall be procured in accordance with the provisions of sections, 403.7065 and 287.045, F.S.

N. Civil Rights Requirements

Civil Rights Certification: The PROVIDER will comply with applicable provisions of DOH publication, “Methods of Administration, Equal Opportunity in Service Delivery.”

O. Independent Capacity of the Contractor

1. In performance of this contract, it is agreed between the parties that the PROVIDER is an independent contractor and the PROVIDER is solely liable for the performance of all tasks contemplated by this contract which are not the exclusive responsibility of COALITION.

2. Except where the PROVIDER is a state agency, the PROVIDER, its officers, agents, employees, subcontractors, or assignees, in performance of this contract, shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the State of Florida.

3. Except where the PROVIDER is a state agency, neither the PROVIDER, its officers, agents, employees, subcontractors nor assignees are entitled to state retirement or state leave benefits, or to any other compensation of state employment as a result of performing the duties and obligations of this contract.

4. The PROVIDER agrees to take such actions as may be necessary to ensure that each subcontractor of the PROVIDER will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venture, or partner of the State of Florida.

5. Unless justified by the PROVIDER and agreed to by COALITION in Attachment I, COALITION will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial, or clerical support) to the PROVIDER, or its subcontractor or assignee.

6. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for the PROVIDER, the PROVIDER's officers, employees, agents, subcontractors, or assignees shall be the responsibility of the PROVIDER.

P. Sponsorship

Not applicable.

Q. Payments and Invoicing

Invoicing by the PROVIDER and payments by COALITION will be made according to the schedule in Attachment I. The PROVIDER will submit the final invoice for payment to COALITION no more than 30 days after the contract ends or is terminated. If the PROVIDER fails to do so, all right to payment is forfeited and COALITION will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the PROVIDER and necessary adjustments thereto have been approved by COALITION.

R. Use of Funds for Lobbying Prohibited

To comply with the provisions of section 216.347, FS, which prohibit the expenditure of contract funds for the purpose of lobbying the federal government, the Florida Legislature, any judicial branch, or a state agency.

S. Public Entity Crime

As required by section 287.133, FS, the following restrictions are placed on the ability of persons convicted of public entity crimes to transact business with COALITION: When a person or affiliate has been placed on the convicted vendor list following a conviction for a public entity crime, he/she may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, FS, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

T. Debarment, Suspension, Ineligibility and Voluntary Exclusion

As required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR 98, the PROVIDER has not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency. This is certified in the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion.

U. Patents, Copyrights, and Royalties

1. If any discovery or invention arises or is developed in the course or as a result of work or services performed under this contact, or in any way connected herewith, the PROVIDER shall refer the discovery or invention to COALITION to be referred to the Department of State to determine whether patent protection will be sought in the name of the State of Florida.

2. The PROVIDER, without exception, shall indemnify and save harmless COALITION and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured by the PROVIDER. The PROVIDER has no liability when such claim is solely and exclusively due to the Department of State's alteration of the article. COALITION will provide-prompt written notification of claim of copyright or patent infringement. Further, if such claim is made or is pending, the PROVIDER may, at its option and expense, procure for the Department of State, the right to continue use of replace, or modify the article to render it non-infringing. If the PROVIDER uses any design, device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or cost arising from the use of such design, device, or materials in any way involved in the work.

V. Information Security

The PROVIDER shall maintain confidentiality of all data, files, and records including client records related to the services provided pursuant to this agreement and shall comply with state and federal laws, including, but not limited to, Sections 384.29, 381.004, 392.65, and 456.057, Florida Statutes. Procedures must be implemented by the PROVIDER to ensure the protection and confidentiality of all confidential matters. These procedures shall be consistent with the Agency for Health Care Administration Information Security Policies, as amended, which is incorporated herein by reference and the receipt of which is acknowledged by the PROVIDER, upon execution of this agreement. The PROVIDER will adhere to any amendments to this contract that pertain to the Department's security requirements provided to it during the period of this contract upon notice and provision of a reasonable tie period to comply. The PROVIDER and any of its appropriate subcontracted PROVIDERs must also comply with any applicable professional standards of practice with respect to client confidentiality.

II. COALITION AGREES:

A. Contract Amount

To pay for contracted services according to the conditions of Attachment I in an amount not to exceed $68,064 subject to the availability of funds. COALITION's performance and obligation to pay under this contract is contingent upon an annual appropriation of the Health Care Coalition funding by the Florida Department of Health. The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract.

III. THE PROVIDER AND COALITION MUTUALLY AGREE:

A. Effective and Ending Dates

This contract shall begin on July 1, 2016 or the date on which the contract has been signed by both parties, whichever is later. It shall end on June 30, 2017.

B. Termination

1. Termination at Will
   This contract may be terminated by either party upon no less than thirty (30) calendar days notice in writing to the other party, without cause, ***unless a lesser time is mutually agreed upon in writing by both parties***. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

2. Termination Because of Lack of Funds
   In the event funds to finance this contract become unavailable, COALITION may terminate the contract upon no less than twenty-four (24) hours notice in writing to the PROVIDER. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. COALITION shall be the final authority as to the availability of funds. In the event of termination of this contract, the PROVIDER will be compensated for any work satisfactorily completed prior to notification of termination.

3. Termination for Breach
   This contract may be terminated for the PROVIDER's non-performance upon no less than twenty-four (24) hours notice in writing to the PROVIDER. If applicable, COALITION may employ the default provisions in Chapter 60A-1.006 (3), FAC. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract. The provisions herein do not limit the COALITION's right to remedies at law or in equity.

4. Termination for Failure to Satisfactorily Perform Prior Agreement
   Failure to have performed any contractual obligations with COALITION in a manner satisfactory to COALITION will be a sufficient cause for termination. To be terminated as a PROVIDER under this provision, the PROVIDER must have: (1) previously failed to satisfactorily perform in a contract with COALITION, been notified by COALITION of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of COALITION; or (2) had a contract terminated by COALITION for cause.

C. Renegotiation or Modification

Modifications of provisions of this contract shall only be valid when they have been reduced to writing and duly signed by both parties. The rate of payment and the total dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through COALITION's appropriations process and subsequently identified in COALITION's operating budget.

D. Official Payee and Representatives (Names, Addresses, and Telephone Numbers):

1. The PROVIDER name, as shown on page 1 of this contract, and mailing address of the official payee to whom the payment shall be made is:

Jeff Feller, CEO
WellFlorida Council, Inc.
1785 NW 80th Boulevard
Gainesville, Florida 32605
(352) 313-6500, Ext 108

3. The name, address, and telephone number of the contract manager for the COALITION for this contract is:

Harold Theus, President
North Central Florida Health Care Coalition, Inc.
224 South East 24th Street
Gainesville, Florida 32641
(352) 384-3132

2. The name of the contact person and street address where financial and administrative records are maintained is:

Tiffany (Knagge) Pyles, Senior Accountant
WellFlorida Council, Inc.
1785 NW 80th Blvd.
Gainesville, Florida 32606
(352) 313-6500 Ext 130

4. The name, address, and telephone number of the representative of the PROVIDER responsible for administration of the program under this contract is:

Lindsey Redding, Director of Community Initiatives
WellFlorida Council, Inc.
1785 NW 80th Blvd.
Gainesville, Florida 32606
(352) 313-6500 Ext 110

5. Upon change of representatives (names, addresses, telephone numbers) by either party, notice shall be provided in writing to the other party and the notification attached to the originals of this contract.

E. All Terms and Conditions Included

This contract and its attachments, represent all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of the contract is found to be illegal or unenforceable, the remainder of the contract shall remain in full force and effect and such term or provision shall be stricken.

I have read the above contract and understand each section and paragraph.

IN WITNESS THEREOF, the parties hereto have caused this contract to be executed by their undersigned officials as duly authorized.

WELLFLORIDA COUNCIL, INC. "PROVIDER"	NORTH CENTRAL FLORIDA HEALTH CARE COALITION, INC. "COALITION"
SIGNED BY: _____	SIGNED BY: _____
NAME: Jeff Feller	NAME: Harold Theus
TITLE: Chief Executive Officer	TITLE: President
DATE: _____	DATE: _____

ATTACHMENT I: SCOPE OF WORK

The North Central Florida Health Care Coalition was established to serve as a multi-jurisdictional multi-disciplinary coordination entity to assist emergency management with preparedness, response and recovery objective and activities related to health and medical disaster operations for Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee and Union Counties. The North Central Florida Health Care Coalition is recognized as a Healthcare Coalition by the Florida Department of Health. As such, the Coalition shall fulfill the obligations of and shall adhere to the terms and conditions of the contract with the Florida Department of Health (COP43).

It is in the best interest of both the Coalition and WellFlorida to enter into this agreement to provide for the means necessary to undertake the work of the Coalition.

Coalition Responsibilities:

1. The Coalition shall manage Coalition funds.
2. The Coalition Board shall determine budget expenditures following bylaws.
3. The Coalition Board Chair or Co-Chair shall approve all deliverables and reports submitted to the Florida Department of Health per COP43 contract.
4. The Coalition shall accomplish all tasks set forth in COP43 Attachment 1.
5. The Coalition shall direct, at their discretion, qualified professional subcontractors to assist in the coordination of work tasks set forth in COP43 Attachment 1.

WellFlorida Council Responsibilities:

WellFlorida Council (WellFlorida) will provide administrative support to the North Central Florida Health Care Coalition (Coalition). All activities coordinated by WellFlorida will be at the discretion of the Coalition. WellFlorida will not be responsible for the completion of all deliverables associated with COP43, instead, WellFlorida will serve to coordinate activities and deliverables from Coalition members.

1. WellFlorida shall provide staff support for Coalition meetings and events.
2. WellFlorida shall arrange for meeting and event venues and be responsible for the necessary meeting and event advertisements.
3. WellFlorida shall record and produce Coalition meeting summaries
4. WellFlorida shall develop Coalition meeting agendas in consultation with the Coalition Chair and/or Co-Chair.
5. WellFlorida shall maintain the Coalition's website with updates and announcements.
6. WellFlorida shall coordinate the collection of materials from Coalition members.
7. WellFlorida will combine materials collected from Coalition members into regional documents and reports.
8. All reports and documents will be developed at the discretion of the Coalition Executive Board.
9. WellFlorida will, at the discretion of the Coalition, submit Coalition approved deliverables to the Florida Department of Health on behalf of the Coalition.
10. WellFlorida will provide quarterly updates to the Coalition Board regarding the planning of and summaries of activities, events, HCC, workshops and exercises.

11. Under the terms of this agreement WellFlorida will be designated to interact with the FLDOH Bureau of Preparedness to coordinate submission of deliverables, verify acceptance of deliverables and monitor and verify payments by the FLDOH.

Timeline and Payment Schedule:

WellFlorida shall invoice the Coalition $34,032 on a bi-annual schedule:

First Bi-Annual Invoice: February 15, 2017
Final Bi-Annual Invoice: July 15, 2017

BYLAWS FOR THE NORTH CENTRAL FLORIDA HEALTH CARE COALITION, INC.

Article 1: Address

North Central Florida Health Care Coalition
1785 NW 80th Blvd.
Gainesville, FL 32606

Article 2: Geographic Area

The geographic area to be served by the North Central Florida Health Care Coalition (NCFHCC) encompasses eleven counties in north-central Florida including Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee and Union.

Article 3: Membership

NCFHCC shall be organized into two levels of participation: general membership (non-voting) and the Board of Directors (voting). General membership is referred to as "General Members." The voting membership is referred to in these Bylaws as the "Board."

Section 3.1: Composition

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

Section 3.2: Voting Membership – Board of Directors

The voting membership shall be known as the Board. At a minimum, the Board consists of designated representatives from the following for a total of seven votes:

- At-large members (one vote per member; total of three votes)
- Each discipline representative** (one vote per discipline; total of four votes)

***** The four discipline representatives on the Board are to represent public health, emergency management, hospitals, and emergency medical services. The number and nature of the Board may be changed by amendment to these Bylaws.***

Section 3.3: Admission as a General Member

The Board approves General Member applications by majority vote.

Section 3.4: Conflict of Interest

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

Section 3.5: Dues

The Board shall have the authority to assess membership dues as it deems appropriate to support NCFHCC activities.

Article 4: Board of Directors

Section 4.1: Board Duties and Responsibilities

1. Perform any and all duties imposed upon them collectively or individually by law or by these Bylaws.
2. Employ or contract with staff to administer NCFHCC and realize the objectives and purposes of NCFHCC;
3. Assure that administrative functions are properly performed;

4. Approve the annual work plan and budget of NCFHCC;

5. Meet at such times and places as required by these Bylaws;

6. Register their addresses with the secretary of Directors with notices of meetings mailed to them at such address shall be valid notices thereof;

7. Enter into contracts, working agreements or statements of agreements with such agencies and organizations as from time to time may be deemed necessary or useful to carry out the functions, plans, and purposes of NCFHCC. The organization or individual that is carrying out these administrative functions is called the "Health Care Coalition Coordinator."

Section 4.2: Schedule of Meetings

1. The Board shall meet at least once each quarter.

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

3. The Health Care Coalition Coordinator or designee will coordinate the scheduling of meetings.

4. Board meetings shall be presided over by the Chair, if present. If the Chair is not present, the meeting shall be presided over by, in ranking order, the Vice Chair, Secretary/Treasurer, or majority of Board present.

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

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

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

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

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

10. The meeting agenda will be developed and distributed by the Health Care Coalition Coordinator or designee at least five (5) business days prior to each meeting. Any member (voting or non-voting member) may request items be added to meeting agendas and will be given adequate time (as determined by the 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 Health Care Coordinator or designee no later than fifteen (15) business days prior to the scheduled meeting date. The Board will review and vote on which requested agenda items will be addressed at each meeting. Minutes of all meetings shall be prepared and distributed to the membership.

Section 4.3: Strategic and Administrative Plans

The Board is responsible for reviewing and updating the NCFHCC Strategic Plan and NCFHCC Administrative Plan once a year.

Section 4.4: General Powers

The Board shall administer the affairs of NCFHCC in accordance with the mission statement, objectives and purpose outlined in the Articles of Incorporation and further defined in these Bylaws. The Board is responsible for the business and affairs of NCFHCC and is governed by the Articles of Incorporation, these bylaws and state and federal regulations as set forth by the Florida Department of Health and the United States Health and Human Services, Assistant Secretary of Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements.

Section 4.5: Voting Procedures

When voting on NCFHCC issues, plans, and all expenditures, each Board member shall have one (1) vote. Each act of decision done or made by a majority of Board members present and voting at a meeting duly held at which a quorum is present is the act of Board.

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

Section 4.6: Work Groups and Committees

The formation of Work Groups or Committees may expedite appropriate research and information gathering on relevant items. These groups are formed and disbanded by formal action of the Board. The Board shall encourage the use of Subject Matter Experts (SMEs) in decisions whenever possible.

Section 4.7: Terms of Office

Terms of Office start at the beginning of the fiscal year (July 1) unless there is a vacancy. Board members shall be elected for a term of two years. Board members will be able to serve additional years upon reelection but will not exceed two consecutive terms.

Section 4.8: Board Member Compensation

Board shall serve without compensation; however, nothing in this section shall prohibit reimbursement of a Board member for his or her actual expenses, which have been approved by Board.

Section 4.9: Voting Quorum & Voting by Proxy

The presence of a majority of the Board at a duly scheduled meeting shall constitute a quorum for the transaction of business. Wherever this section conflicts with a state or federal statute or regulations, such statute or regulation shall supersede this section. Except as otherwise expressly provided for in these Bylaws, or by law, no business shall be considered by Board at any meeting at which a quorum, as herein defined, is not present.

Board members may appoint a proxy to serve in their absence at a meeting.

Section 4.10: Nomination of At-large Board Members

1. Not less than thirty (30) days preceding an annual meeting, the Nominating Committee shall solicit nominations form the General Members to serve as At-large members of the Board.

2. The names of persons nominated to be at-large members shall be provided to the General Members not less than fourteen (14) days prior to the annual meeting.

3. The election of at-large board members shall be conducted by written ballot at the annual meeting.

Section 4.11: Selection of Discipline Specific Board Members

1. Not less than thirty (30) days preceding an annual meeting, a Nominating Committee shall solicit nominations from each of the four disciplines to serve as Board representatives of their respective sector: Public Health, EMS, EM, and Health Systems/Hospitals.

2. Discipline representatives on the Board will be determined by the members of their respective sector and are not subject to general membership vote.

3. The discipline representatives to the board will be announced at the annual meeting.

Section 4.12: Board Vacancies

1. Vacancies on the Board shall exist on the death, resignation, or removal of any Board member.

2. The resignation of a Board member shall take effect upon the date of acceptance by Board.

3. A person selected as a Board member to fill a vacancy shall hold office until expiration of the uncompleted term or until the new Director’s death, termination, or resignation as provided in these Bylaws.

4. Termination of an individual's membership from Board shall result from the member's resignation or death, action by Board, or termination of a member's term in accordance with the provisions of paragraph 5 of this section. Anything in these Bylaws to the contrary notwithstanding, the term of board member may be terminated in the event that the board member fails to attend any three (3) consecutive unexcused meetings or the Board member fails to attend more than 50 percent of all announced meetings in any 12-month period. A courtesy notification of change in status of such member may be sent by letter indicating that another absence may result in a request for termination by Board.

5. A board member may be terminated by an action of the Board of Directors if a change in the status of his or her affiliation jeopardizes the prescribed constitution of the governing body. A board member may be terminated by an action of the Board of Directors for behavior contrary to adopted policies or other abuse of membership policies.

Article 5: Officers of the Board of Directors

Section 5.1: Election of Officers

The officers of the Board shall be elected by the Board and shall consist of a Chair, a Vice-Chair and Secretary/Treasurer. Election of officers will take place every two years.

Section 5.2: Terms of Office

Officers shall be elected for a term of two years. Terms of Office start at the beginning of the fiscal year (July 1). Officers will be able to serve additional years upon reelection but will not exceed two consecutive terms.

Section 5.3: Chair

The Chair shall be the operational officer of the Board and may, from time to time, delegate all or any part of his/her duties to the Vice-Chair. The Chair shall perform the following duties:

1. Preside at meetings of Board or General Members;

2. Perform all such duties as are incident to this office and such other duties as may be required by law, the Articles of Incorporation, these Bylaws, or which may be prescribed from time to time by Board;

3. Make and execute contracts in the ordinary course of NCFHCC business to execute other legal instruments when authorized by Board, except as otherwise expressly provided by law, the Articles of Incorporation, or by these Bylaws;

4. Appoint all committee chairpersons subject to the approval of Board, except as otherwise provided in these Bylaws;

5. Serve as an ex-officio non-voting member of all standing and ad hoc committees except the Nominating Committee;

6. Present at the annual meeting a report of the activities of NCFHCC during the preceding year and a statement of plans for the ensuing year with a copy of such report attached to the minutes of the annual meeting.

Section 5.4: Vice-Chair

The Vice-Chair may execute the same duties as the Chair in the latter's absence.

Section 5.5: Secretary/Treasurer

1. Attend all meetings of Board.

2. Record all votes and the minutes of all proceedings. These will be disseminated to all members within seven (7) business days of the meeting and remain available for review at any time requested.

3. Review and present the financial report and its key findings at each General Member meeting. The NCFHCC financial report and its key findings will be provided to the Secretary/Treasurer by the Health Care Coalition Coordinator.

Section 5.6: Delegation of Duties of Officers

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

Section 5.7: Removal and Resignation of Officers

Any Officer may be removed should he or she cease to be qualified for the office as herein required, or for cause, by action of Board vote at any regular or special meeting. Any Officer may resign at any time by giving written notice by email or certified mail to Board or Chair of Board. Any such resignation shall take effect on the date of the receipt of such notice or at any later time specified therein, and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

Section 5.8: Filling Vacancies

Any vacancy caused by the death, resignation, removal, disqualification, or otherwise, of any officer shall be filled by Board for the unexpired portion of the term. In the event of a vacancy in any Office other than that of Chair, such vacancy may be filled temporarily by appointment by the Chair until such time as Board shall fill the vacancy.

Article 6: General Members

Section 6.1: General Members Duties and Responsibilities

It shall be the duty of the General Members to do the following:

1. Elect Board as required by these Bylaws;
2. Meet at such times and places as required by these Bylaws;
3. Participate in the activities of NCFHCC;
4. Serve on work groups and/or committees if requested;
5. Register their addresses with the secretary of the governing body with notices of meetings mailed to them at such address shall be valid notices thereof;
6. Provide information and guidance to Board.

Section 6.2: General Member Term

General Members shall serve at the discretion of their appointing organizations.

Section 6.3: Abuse of General Membership Privileges

No General Member shall use his or her membership for personal gain or advantage.

Article 7: Health Care Coalition Coordinator

Section 7.1: Health Care Coalition Coordinator Funding

NCFHCC shall provide funding for a Healthcare Coalition Coordinator or designee.

Section 7.2: Point of Contact

The Health Care Coalition Coordinator shall be NCFHCCs' point of contact. The coordinator is responsible for planning, implementing, and evaluating activities associated with NCFHCC to include providing general oversight for NCFHCC activities and associated projects.

Section 7.3: Coordinator Duties

Health Care Coalition Coordinator duties may change annually. All duties are included in a Scope of Work that is part of the contract between the NCFHCC and the Health Care Coalition Coordinator. This contract is reviewed and approved annually by the Board.

In general the Health Care Coalition Coordinator is responsible for:

1. Coordinating and attending Board meetings (regular and special).
2. Preparing and submitting required state and federal NCFHCC deliverables.
3. Attending Coalition members Multi-Year Training and Exercise Plan meetings.
4. Ensuring that the NCFHCC is performing activities defined in the Strategic Plan.
5. Planning and coordinating NCFHCC educational and training activities.
6. Developing and managing the Coordinator budget.
7. Serving as central point of contact for NCFHCC and answering inquiries regarding NCFHCC.
8. Representing NCFHCC at local/state/regional/national conferences, meetings and planning workshops.
9. Managing day-to-day administrative functions.
10. Maintaining NCFHCC region situational awareness.
11. Creating an annual Coalition success/activity report.
12. Serving as the fiscal agent of the NCFHCC.

Article 8: Meetings

Section 8.1: Regular Meetings

The annual meeting shall be held in May of each year at a time and place to be designated by Board. Board and General Members shall be given written/email notice at a minimum of fifteen (15) days in advance of each meeting.

Section 8.2: Special Meetings

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

Section 8.3: Presiding Officer

Meetings shall be presided over by the Chair, if present. If the Chair is not present, the meeting shall be presided over by, in ranking order, the Vice Chair, Secretary/Treasurer, or majority of Board present.

Article 9: Committees

Section 9.1: Standing Committees

Members of Standing Committees are drawn from the General Members or Board. Each Standing Committee Chair may select members of the committee, with the restriction that they shall come from the General Members or Board. Committees are to perform work as needed by the NCFHCC. The selection of each Committee Chair and Committee Members shall be subject to approval by Board. The term of a committee chair and member is one (1) year and may be renewed. Each Standing Committee shall have a minimum of three (3) members. The Standing Committees established by these Bylaws are:

1. Executive
2. Nominating
3. Planning
4. Funding
5. Training
6. Exercise

Section 9.2: Standing Committees Duties and Responsibilities

1. Executive Committee – The Executive Committee shall be composed of the Chair, Vice Chair, and Secretary/Treasurer. The committee shall be chaired by the Chair and empowered to act on behalf of Board between regular meetings or in emergency situations. One-half (1/2) of the members present shall constitute a quorum of the committee. The actions of the committee are subject to review and approval by the Board.

2. Nominating Committee - The Nominating Committee shall nominate members to be Board members. This committee meets when Board changes are necessary.

3. Planning Committee - The Planning Committee determines NCFHCC's baseline needs for sustainment, inventories resources, identifies training/exercise gaps, and provides recommendations on how resources can be used and leveraged. Planning Committee ensures that HSEEP requirements are reviewed and met.

4. Funding Committee - The Funding Committee provides recommendations to the Board regarding the level of funds NCFHCC needs to maintain and identifies funding opportunities.

5. Training Committee - The Training Committee will develop training plans based on the gap analyses performed by the Planning Committee. All trainings must be HSEEP compliant and documented, include hotwashes, and feedback forms.

6. Exercise Committee - The Exercise Committee will develop exercise plans based on the gap analyses performed by the Planning Committee. All exercises must be HSEEP compliant and documented, include hotwashes, and feedback forms.

Section 9.3: Ad Hoc and Other Standing Committees

The Board of Directors may authorize the creation, prescribe the terms and define the powers and duties of ad hoc, and other standing committees not specifically created by these Bylaws as may from time to time be necessary or useful in the conduct of NCFHCC business.

Section 9.4: Committee Definition

When establishing a new committee under Section 9.3, Board shall specify the purpose and charge of such committee.

Section 9.5: Powers and Duties

The committees shall have such powers and duties as are specifically provided in these Bylaws and such as may be given to them from time to time by Board. Each committee may conduct hearings, perform studies, and will make written reports on all such activities, provided, however, all such committee work shall be in accordance with the purposes and work programs as defined by these Bylaws, the Strategic Plan, or from time to time by resolution of Board. Committees shall be advisory and recommendations shall not be binding until ratified by Board. The committee shall submit such reports and on such dates as may be specified by Board.

Section 9.6: Vacancies

Vacancies on any committee may be filled for the unexpired portion of the term in the same manner as provided in the case of original appointments. The term of a committee member may be terminated in the event that he or she fails to attend any three (3) consecutive meetings in any twelve (12) month period.

Section 9.7: Quorum

The presence of one half of the members of a committee shall constitute a quorum for the transaction of business of the committee.

Article 10: Financial Process

Section 10.1: Fiscal Year

The NCFHCC fiscal year shall begin July 1 and end June 30 of the following year.

Section 10.2: Funding

Coalition funding is provided by grants, donations and fund raising events (ASPR grants are the major source).

Section 10.3: Expenditures

Board must approve a budget that includes expenses for NCFHCC business. These expenses will include salary, benefits and travel (travel for NCFHCC meetings, FLDOH Coalition Task Force Meetings, planning and disaster preparedness conferences), training cost requested, communication and technology costs requested, and funding for office equipment and supplies for NCFHCC business. The proposed budget may be prepared by the Health Care Coalition Coordinator or NCFHCC staff. Except for the expenditures noted above, no member has the authority to commit NCFHCC funds for any purpose without the vote of Board. The Board will vote on all requests for expenditures.

Article 11: Coalition Policies

Section 11.1: Conflict Resolution Policy

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

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

Section 11.2: Notification

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

Section 11.3: Negotiation/Compromise

Within seven days of a conflict notification, the chair of NCFHCC Board of Directors 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.

Section 11.4: Mediation

If a resolution is not met at the negotiation/compromise level, either party involved in the conflict may choose to pursue the matter to the next level. A "Letter of Disagreement" must be submitted to the board requesting further action within seven days. The letter should contain the nature of the disagreement and the date of the occurrence. The Board will review the Letter of Disagreement and discuss the next options for resolving the conflict. The

Board will work with all involved parties to clearly define goals, making sure that all parties are clear with their requests.

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

Article 12: Liability

Board members shall not be personally liable for debts, liabilities, or other obligations of the NCFHCC. No individual Board member shall, by reason of his or her performance on behalf of the agency or any duty, function, or activity required, or authorized to be undertaken by NCFHCC, be liable for the payment of damages under any law of the United States or any state (or political subdivision of any state) if the member himself or herself to be acting with the scope of the duty, function, or activity of a Board member, and with respect to such performance, acted without gross negligence or malice toward any person affected by it.

Article 13: Amendments

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

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

These bylaws will be reviewed annually by NCFHCC Leadership to incorporate any changes in federal or state guidance covering Healthcare Coalition activities.

Bylaws reviewed and approved by NCFHCC: September 19, 2016

North Central Florida Health Care Coalition

Strategic & Administrative Plan
2016-2017

Background: The North Central Florida Healthcare Coalition (NCFHCC) participated in a strategic planning session on March 14, 2016 to revise its mission and vision and identify specific goals and objectives that it wanted to reach in fiscal year 2016-2017. This planning session was facilitated by WellFlorida Council using the recommendations provided by Captain Paul L. Link, RN, MSHS during his November 20, 2015 evaluation of the NCFHCC. Captain Link is a Field Project Officer in HHS Region IV assigned to evaluate HCCs. The November 20, 2015 on-site visit from Captain Link was attended by Jeanine Posey, Paul Myers, Chief Theus, Brad Caron, Robert Linnens, Tony McLaurin, and Kendra Siler-Marsiglio.

According to Captain Link, an HCC strategic plan should reflect the administrative and preparedness roadmap for the HCC. It should:

- Includes administrative guidelines and preparedness strategy
- Defines strategic review process
- Defines funding mechanisms
- Defines sustainability strategies

For these reasons, at the March 14, 2016 strategic planning session NCFHCC set out to retool its mission and vision statements and developed four NCFHCC strategic goals to address Captain Link's recommendations. ***This document is to be used in conjunction with the NCFHCC Administrative Plan, Patient Monitoring and Tracking Plan, NCFHCC Concept of Operations (CONOPS), and the Communications Plan.***

Strategic Plan: Mission and Vision

Mission: Coordinate healthcare system preparedness and resilience through all sectors of the healthcare system.

Vision: For the service area to have the most prepared healthcare system in Florida.

Strategic Plan: NCFHCC's Goals and Objectives for FY 16-17

Goal 1: Member Recruitment

GOAL: WellFlorida Council will help NCFHCC expand and diversify using a multidisciplinary approach.

To meet this goal, NCFHCC is completing the following two objectives:

Objective 1: NCFHCC will work jointly to train and exercise with Rural Health Partnership, Council of Regional Emergency Medical Services, North Central Florida Trauma Agency, Global Institute of Cybersecurity Research, NEFLHCC, CHAMP, and Big Bend HCC.

Suggested Metrics: number of trainings or exercises with partnering organizations

Objective 2: With the support of WellFlorida, NCFHCC and its partners will recruit and inform healthcare and community representatives in the list below to expand the NCFHCC membership for improved cross-sector participation.

- School district
- Faith-based organizations
- Libraries
- State Parks and Other Employees
- Local Employers
- Local Hospitals and Clinics
- Local Government and State Legislature
- Assisted Living Facilities, Home Health, and Eldercare Organizations
- Health services advisory groups
- Transportation Planners and Providers
- Mental Health and Substance Abuse Representatives
- Local Press
- Federally Qualified Health Centers
- Community Service Organizations
- IFAS Extension Office
- Learning Institutions

- Local Health Councils
- Regional Health Information Organization
- Healthcare Connect Consortium
- Department of Children and Families

Suggested Metrics: number of organizations recruited to NCFHCC, number of organizations participating in NCFHCC

Goal 2: Strategic Plan Review and Dissemination

GOAL: NCFHCC members are working to develop and document timely and relevant administrative and preparedness strategies for the entire NCFHCC Service Area.

To meet this goal, NCFHCC is completing the following three objectives:

Objective 1: At a public meeting, the NCFHCC board in conjunction with its coordinating body will review the NCFHCC administrative plan by September 2016.

Suggested Metric: revised and NCFHCC-approved administrative plan

Objective 2: At a public meeting, the NCFHCC board in conjunction with its coordinating body will review the NCFHCC strategic preparedness plan by March 2017.

Suggested Metric: revised and NCFHCC-approved strategic preparedness plan

Objective 3: For NCFHCC, WellFlorida Council will develop a web presence that includes a means to inform interested parties about the NCFHCC Strategic Plan and provide a way for interested parties to provide input on the NCFHCC Strategic Plan by August 2016.

Suggested Metrics: completed website, number of social media accounts, quarterly newsletter

Goal 3: Sustainability

NCFHCC member definition of "sustainability": funding, commitment, resources, reason to exist (purpose), and growth.

Goal: NCFHCC members will ensure that the NCFHCC is established by providing information and resources within its service area and obtaining funding for sustainment.

To meet this goal, NCFHCC is completing the following three objectives:

> **Objective 1a:** Before December 2016, the Planning Committee will determine the NCFHCC's baseline needs for sustainment.
>
> *Suggested Metric*: baseline needs for sustainment inventory that is reviewed by Planning Committee and acknowledged by NCFHCC
>
> **Objective 1b:** Before March 2017, the Funding Committee will review the Planning Committee's report to determine the amount of funds needed for the NCFHCC to maintain.
>
> *Suggested Metric*: baseline funding amount that is reviewed by Funding Committee and acknowledged by NCFHCC
>
> **Objective 2:** The Funding Committee will identify alternate funding resources and will report on them at each general NCFHCC meeting.
>
> *Suggested Metrics:* list of funding opportunities, amount of funds accessed by alternate funding opportunities.

Goal 4: Plans, Training and Exercises

Goal 4A: NCFHCC will create a process for planning, organizing, equipping, training, and exercising based on gap analysis results.

To meet this goal, NCFHCC is completing the following four objectives:

Objective 1: Establish Planning, Training, and Exercise Committees by May 2016.

Suggested Metric: list of committee participants for each committee, documentation of committee meetings.

Objective 2: Empower and send appropriate resources to WellFlorida to handle administrative documentation of planning, training, and exercises.

Suggested Metrics: contract with WellFlorida, bi-monthly communication with WellFlorida

Objective 3: Through training gap analysis, Planning Committee will identify regional needs and ensure HSEEP requirements are reviewed and met, including a comprehensive AAR.

Suggested Metrics: training and exercise gap analysis, checklist of HSEEP requirements for trainings and exercises.

Objective 4: Training and Exercise Committees will develop training and exercise plans. Plans must align with MYTEPs of counties involve with the NCFHCC and must do the following:

- Must enlist participation of all HCC partners to generate a comprehensive exercise.
- Must be HSEEP compliant and documented.
- Must include hotwashes with all players as appropriate.
- Must include feedback forms that are to be completed by all participants the day of exercise.

Suggested Metrics: completed training and exercise plans.

Goal 4B: Ensure HCC members have cyber resilience and cybersecurity frameworks in place by March 2017.

To meet this goal, NCFHCC is completing the following two objectives:

> **Objective 1:** Complete a joint a Department of Homeland Security cybersecurity threat exercise with the NCFTA and COREMS.
>
> *Suggested Metric:* completed cybersecurity exercise
>
> **Objective 2:** Adopt a cyber resilience and cybersecurity framework that will help ensure that the NCFHCC service area is prepared for cyber resilience and cybersecurity threats.
>
> *Suggested Metrics:* adoption of appropriate cyber resilience and cybersecurity framework.

Administrative Plan: NCFHCC Structure

Geographic Area: The region served by the NCFHCC includes the following counties: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union.

Membership: Any entity or individual that agrees to work collaboratively on healthcare preparedness and emergency response activities may request membership in the NCFHCC.

Executive Committee

1. The Executive Committee includes the administrators from each hospital in the region, the emergency managers (or designee) and the county health department administrators/directors from each county and the EMS chiefs from each county EMS. The HealthCare Coalition Coordinator (HCCC) also serves on the Executive Committee.

2. Every individual on the Executive Committee has one vote except the HCCC. The HCCC only votes on the second vote of a question (if tied) after the first vote on the question resulted in a tie unless the Executive Committee recommends to lay the vote on the table (Roberts Rules of Order) after the first vote.

3. The Chairperson of the Executive Committee shall preside at all regularly scheduled meetings of the Executive Committee.

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

5. The Secretary shall take minutes during meetings and distribute the minutes to all members of the coalition AND shall ensure the HCCC is given a copy of all minutes/correspondence for inclusion in HPP or PHEP reports.

6. Officers shall be elected for a term of one year. Officers will be able to serve additional years upon reelection but will not exceed two consecutive terms.

7. Candidates must be current Executive Committee members and can be nominated by any NCFHCC member. Votes shall be by Executive Committee members present. Election of officers shall begin with the Chairperson, then the Vice-Chairperson and then the Secretary.

8. The Executive Committee may create other committees or workgroups to accomplish individual issues.

Advisory Board

Role
The role of the Advisory Board is to provide information and input (such as Subject Matter Experts) to the Executive and Planning Committees and also serves as a NCFHCC member grievance forum.

Composition
The development of the Advisory Board shall be one of the initial efforts of the NCFHCC. Each county will have two representatives on the Advisory Board. These representatives can be nominated from any NCFHCC member and elected by NCFHCC members. NCFHCC should strive to have representation from all areas of NCFHCC area with varied and diverse backgrounds. The purpose is to broaden, strengthen, and diversify the information that the Executive and Planning Committees has at their disposal when making decisions

Duties

a. When directed by the Executive or Planning Committee, or when voted on by the Advisory Board, the Advisory Board will develop expert testimony/information to bring to the Executive or Planning Committee to help in forming decisions.
b. The Advisory Board may form committees (such as Subject Matter Experts) to research and recommend input to the Coalition. The composition of committees or sub-committees of the Advisory Board is not limited to Coalition members. Anyone who has knowledge of the subject in question may serve on Advisory Board committees/sub-committees.
c. Any community member, by virtue of interest or expertise, may motion for the Advisory Board to create testimony/input to be brought before the Executive or Planning Committees. The motion does not have to be made by NCFHCC members, however, only the Advisory Board my vote an action.

Communication between the Executive and Planning Committees and the Advisory Board is intended to be two-way, affording communication in both directions

Voting Membership: The voting membership is referred to as the executive committee and consists of the following:

- County Health Department Administrators or designee
- County EMS representative
- County EM representative
- County Hospital Administrators or designee
- Regional Planners
- Regional Emergency Response Advisors

Each county polls their voting membership and casts one collective county vote, for a total of eleven (11) county votes (one each for Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee and Union counties). The HCC coalition chair is the tie breaker.

Sub-committees: Four sub-committees were formed with the intention to support coalition activities and performance. Furthermore, sub-committees were developed to expedite appropriate research and information gathering in relation to relevant items. The sub-committees include the following:

1. Funding – to determine where/how to spend recommendations for the NCFHCC
2. Planning – develop HCC wide plans (i.e., communications, response, training, etc.)
3. Exercise - develop and deliver requisite exercises to NCFHCC partners
4. Training - determine and deliver requisite training to NCFHCC partners

North Central Florida Health Care Coalition

Coordinating Preparedness & Resilience through all sectors of the healthcare system

Administrative Plan: NCFHCC Structure

Geographic Area: The region served by the NCFHCC includes the following counties: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union.

Membership: Any entity or individual that agrees to work collaboratively on healthcare preparedness and emergency response activities may request membership in the NCFHCC.

Board of Directors

The Board is the voting membership. The Board consists of designated representatives from the following for a total of seven votes:

- At-large members (one vote per member; total of three votes)
- Each discipline representative** (one vote per discipline; total of four votes)

> ***** The four discipline representatives on the Board are to represent public health, emergency management, hospitals, and emergency medical services. The number and nature of the Board may be changed by amendment to these Bylaws.***

When voting on NCFHCC issues, plans, and all expenditures, each Board member has one vote. Each act of decision done or made by a majority of Board members present and voting at a meeting duly held at which a quorum is present is the act of Board. Board members may appoint a proxy to serve in their absence at a meeting.

Annually, the Board reviews and adopts by standing rule a project funding procedure.

Chair

The Chair is the operational officer of the Board and presides at meetings of Board or General Members. The Chair may delegate all or any part of his/her duties to the Vice-Chair.

Vice Chair

The Vice-Chair may execute the same duties as the Chair in the Chair's absence.

Secretary/Treasurer

The Secretary/Treasurer records all votes and the minutes of all proceedings and reviews and present the financial report and its key findings at each General Member meeting.

Standing Committees

Members of Standing Committees are drawn from the General Members or Board. Each Standing Committee Chair may select members of the committee, with the restriction that they shall come from the General Members or Board. Committees are to perform work as needed by the NCFHCC. The selection of each Committee Chair and Committee Members shall be subject to approval by Board. The term of a committee chair and member is one year and may be renewed. Each Standing Committee shall have a minimum of three members. The Standing Committees established in the Bylaws are:

1. Executive
2. Nominating
3. Planning
4. Funding
5. Training
6. Exercise

Bylaws reviewed to develop Administrative Plan: September 19, 2016
Administrative Plan revised: October 7, 2016

Statement of Revenues and Expenditures - NCFHCC-Individual Funds Comparison - Unposted Transactions Included In Report
From 1/1/2016 Through 12/31/2016

91110 - North Central Florida Healthcare Coalition
Cash Basis Accounting

		Current Year Actual
Revenues		
Federal / State Revenues		
State/DOH Administrative	39130	125,317.75
Total Federal / State Revenues		125,317.75
Total Revenues		125,317.75
Expenditures		
Administrative Expense		
Other Admin. Expenses		
Office Supplies	51500	4,959.39
Dues/Subs/Pubs/Education	54000	150.00
Professional Fees	54200	515.00
Insurance/Bonding	56500	678.00
Bank/Transaction Fees	57500	840.00
Total Other Admin. Expenses		7,142.39
Total Administrative Expense		7,142.39
Contract Services*		
		111,080.00
Total Contract Services		111,080.00
Total Expenditures		118,222.39
Net Income/Loss		7,095.36

* The 2015 990 was done on a cash basis, therfore, this SRE is also done on cash basis. The check written to WellFlorida Council for Quarter 4 (6/30/16), Quarter 1 (9/30/16) & Quarter 2 (12/31/16) was not voided until January 2017. Included in this number is 5 quarters at $17,016 per quarter and $26,000 for Ebola Training.

Balance Sheet - NCFHCC
As of 12/31/2016

91110 - North Central Florida Healthcare Coalition
Cash Basis Accounting

		Current Period Balance
Assets		
Cash		
Cash- Bank of America	10000	34,362.95
Total Cash		34,362.95
Total Assets		34,362.95
Net Assets		
Prior Year Net Assets		
Net Assets	30000	27,267.59
Total Prior Year Net Assets		27,267.59
Current Year Net Income/Loss		
		7,095.36
Total Current Year Net		7,095.36
Total Net Assets		34,362.95
Total Liability & Net Assets		34,362.95

Coalition Program Sustainment COP43-R1A1
North Central HCC Coalition
Budget Year - 2016 to 2017
Allocation: $111,271

Budget Category	**Amount**	**Subcontractor Fees**
A. Personnel (Two partial Coalition FTE positions)	$43,842	$43,842
B. Fringe Benefits (Two partial Coalition FTE positions)	$12,276	$12,276
C. Travel & Training	$2,500 (Travel) $19,661 (Training/TTX)	$6454
D. Equipment and Supplies (Subcontractor)	$3,128	$3,128
E. Office Services (Leases/Rent)	$4,864	$4,864
F. Projects (Community Based Needs Assessment)	$25,000	
Total Subcontractor Fees		$68,064
Total Budget	**$111,271**	

BUDGET DESCRIPTION

The Healthcare Coalition (HCC) funding supports capabilities outlined in the Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

Healthcare system preparedness is the ability of a community's healthcare system to prepare, respond and recover from incidents. Healthcare system preparedness can be achieved through planning, organizing, equipping, training, exercising, evaluating and implementing corrective actions in collaboration with emergency management, public health, mental and behavioral health providers, community and faith-based partners, and state, local and tribal governments. The budget can include personnel, training, equipment, supplies, warehousing, and activities to build community partnerships that support healthcare system preparedness.

A. PERSONNEL (Subcontractor)

NCFHCC Coordinator
Base Annual Salary $40,000 1.0 FTE Basis $40,000
Execute contract deliverables as delineated in Attachment I, facilitate meetings, make coalition partners aware of training, educational, and exercise opportunities.

NCFHCC Organizational Development Specialist
Base Annual Salary $76,840 0.05 FTE Basis $3,842
Organizational capacity building, training development, and technical assistance for Deliverables will be supported by the management leadership WellFlorida has assigned to RHP and NCFTA (the stakeholders and service areas for RHP and NCFTA are similar to those of NCFHCC).

B. FRINGE BENEFITS (Subcontractor)

	Fringe %	Amount
NCFHCC Coordinator	28%	$11,200
NCFHCC Organizational Development Specialist	28%	$1,076

C. TRAVEL & TRAINING (Subcontractor)

Travel

	Expense
NCFHCC Coordinator	$1,225
Organizational Development Specialist	$1,225
Total	$2,500

Training and Exercises

Medical Surge Tabletop

Estimate basis: Attendees 40-60 Total $10,000

Through training needs surveys most recently performed for the NCFHCC, medical surge training and exercises were identified as a gap. For 2016-17, we expect to dive deeper into a medical surge tabletop to fulfill that need. The tabletop will build on the training in which NCFHCC members and partners are participating in May. (That training is to address planning, surge capability, surge

capacity, incident command, and consideration for special populations). Members from the North Central Florida Trauma Agency, Rural Health Partnership of North Central, and the Council of Regional EMS will join NCFHCC members in the tabletop.

Cybersecurity & Cyber Resilience Training

Estimate basis: Attendees 40-60 Total $9,661

Through a 2015-16 NCFHCC gap analysis survey, the NCFHCC found that cybersecurity training and policies were a key training need. For 2016-17, NCFHCC will build on the cybersecurity tabletop held in May to provide more training and coordination opportunities for responses to cybersecurity threats and cyber resilience needs. When there is a disaster or emergency in a given region, that region is more vulnerable to cyberthreats. The trainings will provide partners with recommendations related to cyber protection, how to better coordinate responses to those threats, and provide a roadmap for putting cybersecurity and cyber resilience policies in place.

D. EQUIPMENT and SUPPLIES (Subcontractor)

Commodity	Cost
Equipment Rental	$ 477
Maintenance/Supplies Replenishment	$1,551
Printing	$1,100
Totals	**$3,128**

E. OFFICE SERVICES AND LEASES/RENT (Subcontractor)

Category	Annual
Office /Comm Services	$ 424
Liability Insurance	$ 400
Utilities	$ 553
Acctg/Audit Fees	$ 3454
Postage	$ 33
Totals	**$ 4,864**

F. PROPOSED PROJECTS **$25,000**

(Community Based Risk Assessment)
(Enter a description of what projects will be considered and a total cost allocated for all projects)

Rural County Coordination	$25,000

NCFHCC serves 10 rural counties; five of these counties are Region 2 counties that are part of our service area and part of the NCF healthcare delivery system. These NCFHCC rural counties have fewer resources than the Alachua urban center, each have varied communication systems and protocols, and many are without a hospital. These issues lower these counties' capacities to mitigate a disaster or emergency. With these funds, NCFHCC will put extra effort into these counties to ensure that these counties—given their special needs and barriers—have plans in place and the right stakeholders involved to help the counties respond to an emergency or disaster. North Central Florida Trauma Agency, Rural Health Partnership of North Central, and the Council of Regional EMS will be assisting NCFHCC with the outreach and coordination needed to complete this special project.

Total Subcontractor Fees	$68,064
Total Budget	**$111,271**

WellFlorida Council
Working Together for Healthy Communities

INVOICE

North Central Florida Health Care Coalition
Alachua County Health Department
Attn: Brad Caron
224 SE 24th Street
Gainesville, FL 32641

INVOICE # 4737
DATE: December 15, 2016
AUTHORIZED BY: L. Redding

DESCRIPTION	AMOUNT
Quarter 1 Deliverables:	$17,016.00
Work Plan	
Participation in HCC and TF Meetings	
Communication Capabilty Test	
Mission Ready Packages	

SUBTOTAL	$ 17,016.00
TAX RATE	
SALES TAX	-
POSTAGE/HANDLING	
TOTAL	**$ 17,016.00**

Please pay from this invoice. No statement will be sent. Balance due on receipt. If tax exempt, please provide a copy of certificate. Make checks payable to WellFlorida Council, Inc. FEIN #23-7083163. If you choose to pay by credit card a 3% processing fee will be added to your total.

THANK YOU FOR YOUR BUSINESS!

1785 NW 80th Blvd., Gainesville, FL 32606
Tel: (352) 313-6500 Fax: (352) 313-6515
www.wellflorida.org

Exhibit 4

Work Plan
North Central Florida Healthcare Coalition
2016-2017

1. **Current HCC Chair:** Harold Theus

2. **Chair Contact Info:** Email: hmt@alachuacounty.us Phone: 352-384-3132

3. **HCC Task Force Member:** Kendra Siler-Marsiglio

4. **HCC Fiduciary Agent:** Alachua County Health Department (anticipated transfer to WellFlorida Council on Sept 19, 2016)

5. **Counties within your HCC:** Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union

6. **Administrative Plan:** As indicated in the Strategic Plan, the Administrative Plan is to be reviewed and updated at the September 19, 2016 NCFHCC meeting. At that same meeting, the membership is to vote on changes to the Bylaws that will be reflected in the Administrative Plan. This revised and approved plan will then be provided to FLDOH.

7. **HCC Member Organizations:**

    - Hospitals and Health Systems: UF Health Shands, North Florida Regional Medical Center, Malcom Randall VA Medical Center, Lake City VA Medical Center, Lake Butler Hospital, Lake City Medical Center, Shands Lake Shore, Shands Starke, Regional General Hospital in Williston
    - Local Emergency Management / Public Safety: Alachua County EM, Bradford EM, Columbia County EM, Dixie County EM, Gilchrist EM, Hamilton EM, Lafayette EM, Levy County EM, Putnam County EM, Suwannee EM, Union County EM, Gainesville Fire Rescue
    - Local Public Health: DOH-Alachua, DOH-Bradford, DOH-Columbia, DOH-Dixie, DOH-Gilchrist, DOH-Hamilton, DOH-Lafayette, DOH-Levy, DOH-Putnam, DOH-Suwannee, DOH-Union
    - EMS Providers (public and private): Alachua County EMS, Bradford County EMS, Columbia County EMS, Dixie County EMS, Gilchrist County EMS, Hamilton County EMS, Lafayette County EMS, Levy County EMS, Putnam County EMS, Suwannee County EMS, Union County EMS
    - Long-Term Care: Tri-County Nursing and Rehab Center
    - Behavioral & Mental Health: Meridian Behavioral Healthcare
    - Specialty Service Providers (dialysis, pediatrics, urgent care, Medical Examiners, funeral directors, etc.): CMS North Central Region
    - Support Service Providers (laboratories, pharmacies, blood banks, poison control, etc.): N/A
    - Primary Care Providers: N/A
    - Community Health Centers: Azalea Health Federally-qualified Health Center

8. **Total Number of Projects Submitted** ***(****sum of all projects****)*****:** *2016 submissions are upcoming. NCFHCC is planning to develop a new standardized application process that members can use before December 2016.*

9. **Total Funding Amount Requested** ***(****sum of all project budgets****)*****:** ***$40,707 is currently budgeted for projects. Proposed projects will be reviewed and voted on using a standardized method that is approved by the NCFHCC Board before December 2016.***

10. **Top five hazards identified in your latest Hazard/Community Vulnerability Assessment:**
    A. Hurricane
    B. Communication System Failure and Roadway System Blocked
    C. Data System Failure
    D. Mass Casualty (medical, infectious, and trauma-related); Interstate/Major Highway Accident; Terrorism
    E. Small-Medium Sized Internal Spill

11. **Top five risks derived from assessments, After-Action Reports, and other sources:**
    A. Cybersecurity
    B. Inter-organizational information sharing and collaboration mechanisms with the HPH sector
    C. Outside contracts and contacts with Incident Response providers
    D. Improve communication among providers and emergency management regarding responsibilities
    E. Interdependent communication

12. **Top three training and exercise needs from the previous years' Training and Exercise Plan Workshop:**
    A. Responder and Safety Behavioral Health and Workplace Safety
    B. ICS Refresher
    C. Resource Management

13. **Marketing Plan:** NCFHCC is working on the following marketing strategies: website, targeted outreach, e-newsletters, and e-brochures.

14. **List of supplies and equipment in the service area capable of being used to support medical surge or mass casualty.** *This list is being reviewed at the upcoming September 19 meeting to add to this list; however, command and control vehicles and mass casualty incident trailers are known.*
    Command and control vehicles
    Mass Casualty Incident Trailers
    Click here to enter text.
    Click here to enter text.
    Click here to enter text.
    Click here to enter text.
    Click here to enter text.
    Click here to enter text.
    Click here to enter text.
    Click here to enter text.

Budget report including expenditures to date during the quarter

Project Budget Update				
BUDGET CATEGORY	DESCRIPTION	AMOUNT ALLOCATED	AMOUNT EXPENDED	TOTAL PROJECT EXPENSE
Employee Wages				(Grant Request + Matching)
Fringe Benefits				(Grant Request + Matching)
Liability Insurance				
Fiscal Entity Cost		Covered under contracts/consulting	N/A	
Utilities				
Travel		5,682 miles at $0.44 per mile $2,500	$0	(Grant Request + Matching)
Project Proposed Amounts		$40,707	$0 *(This funding will be distributed by December 2016)*	
Equipment		Covered under contracts/consulting		(Grant Request + Matching)
Supplies		Covered under contracts/consulting		(Grant Request + Matching)
Consultants/ Contracts	WellFlorida Council is expected to continue to serving as the NCFHCC Health Care Coalition Coordinator. WellFlorida will execute NCFHCC deliverables, facilitate meetings, make coalition partners aware of training,	$68,064	$0 *($17,016 will be paid to WellFlorida for Q1 as soon as the agreement is approved)*	(Grant Request + Matching)

	educational, and exercise opportunities. The Coordinator is also to provide organizational capacity building, training development, and technical assistance for NCFHCC. WellFlorida will also serve as the NCFHCC's fiscal agent. *The agreement will be voted on at the September 19, 2016 meeting.*			
Other Costs *(Be specific or provide description)*				(Grant Request + Matching)
TOTAL			$0	**$111,271**

ANTICIPATED PROJECT 1: *Rural County Coordination*

Brief project description: *(include equipment, trainings and exercises associated with this project)*
NCFHCC serves 10 rural counties; five of these counties are Region 2 counties that are part of our service area and part of the NCF healthcare delivery system. These NCFHCC rural counties have fewer resources than the Alachua urban center, each have varied communication systems and protocols, and many are without a hospital. These issues lower these counties' capacities to mitigate a disaster or emergency. With these funds, NCFHCC partners propose to put extra effort into these counties to ensure that these counties—given their special needs and barriers—have plans in place and the right stakeholders involved to help the counties respond to an emergency or disaster. North Central Florida Trauma Agency, Rural Health Partnership of North Central, and the Council of Regional EMS plan to assist NCFHCC with the outreach and coordination needed to complete this special project. This project is to be reviewed and voted on by the NCFHCC Board by December 2016.

Which HCC–identified risk does this project address? *(see Community Vulnerability Assessment)*
A. Cybersecurity
B. Inter-organizational information sharing and collaboration mechanisms with the HPH sector
D. Improve communication among providers and emergency management regarding responsibilities
E. Interdependent communication

1. **Describe how this project will fill this capability/resource gap?**
   Better communications with rural counties in the NCFHCC region

2. **Which capability does this project support?** *(check all that apply)*

- ☑ Continuity of Operations
- ☑ Emergency Operations Coordination
- ☑ Information Sharing
- ☐ Medical Surge
- ☐ Mass Fatality

Click here to enter text.

3. **Name all entities that will receive funding:**
   To be determined in December 2016 by NCFHCC Board

4. **Does this project sustain previously purchased equipment or supplies?** NO

5. **Describe the deliverables for this project** (*be specific and include quantitative/ qualitative information; e.g., 200 individuals will receive training with a pass rate of 90%)*
   A survey of 100 rural stakeholders from public health, first responders, and the private medical community (hospitals and other safety net providers) will show the differences in communication systems and protocols in the NCFHCC region. The survey will determine how public health currently communicates with the private medical community. Using the survey results, a diverse group of 60 rural and urban stakeholders (e.g., public health, health systems, FQHCs, local government) will have three meetings and three trainings to address rural communication gaps.

6. **Total Project Funding Request: $25,000.00**
   *** You must provide an itemized budget utilizing the Budget Template, Exhibit 1a-Part 2, by Category** *(Supplies, Travel, Equipment, Consultant, Other),* **including description, quantity, unit cost, total cost**
   To be submitted to the NCFHCC Board by December 2016

7. **Project Point of Contact:** *(provide name, email, phone number for project POC)*
   Kendra Siler-Marsiglio, Kendra.Siler@CommunityHealthIT.org, 904.318.5803

PROJECT 2: TBD December 2016

8. **Brief project description:** *(include equipment, trainings and exercises associated with this project)*

9. **Which HCC–identified risk does this project address?** *(see Community Vulnerability Assessment)*
   Click here to enter text.

10. **Describe how this project will fill this capability/resource gap?**
    Click here to enter text.

11. **Which capability does this project support?** *(check all that apply)*

- ☐ Continuity of Operations
- ☐ Emergency Operations Coordination
- ☐ Information Sharing
- ☐ Medical Surge
- ☐ Mass Fatality
- ☐ Other (please specify): Click here to enter text.

12. **Name all entities that will receive funding:**
    Click here to enter text.

13. **Does this project sustain previously purchased equipment or supplies?** Yes ☐ No ☐

14. **Describe the deliverables for this project** (*be specific and include quantitative/ qualitative information; e.g., 200 individuals will receive training with a pass rate of 90%)*
Click here to enter text.

15. **Total Project Funding Request:** Click here to enter text.
*** You must provide an itemized budget utilizing the Budget Template, Exhibit 1a-Part 2, by Category** *(Supplies, Travel, Equipment, Consultant, Other),* **including description, quantity, unit cost, total cost**

16. **Project Point of Contact:** *(provide name, email, phone number for project POC)*
Click here to enter text.

PROJECT 3: TBD December 2016

17. **Brief project description:** *(include equipment, trainings and exercises associated with this project)*
Click here to enter text.

18. **Which HCC–identified risk does this project address?** *(see Community Vulnerability Assessment)*
Click here to enter text.

19. **Describe how this project will fill this capability/resource gap?**
Click here to enter text.

20. **Which capability does this project support?** *(check all that apply)*
- ☐ Continuity of Operations
- ☐ Emergency Operations Coordination
- ☐ Information Sharing
- ☐ Medical Surge
- ☐ Mass Fatality
- ☐ Other (please specify): Click here to enter text.

21. **Name all entities that will receive funding:**
Click here to enter text.

22. **Does this project sustain previously purchased equipment or supplies?** Yes ☐ No ☐

23. **Describe the deliverables for this project** (*be specific and include quantitative/ qualitative information; e.g., 200 individuals will receive training with a pass rate of 90%)*
Click here to enter text.

24. **Total Project Funding Request:** Click here to enter text.
*** You must provide an itemized budget utilizing the Budget Template, Exhibit 1a-Part 2, by Category** *(Supplies, Travel, Equipment, Consultant, Other),* **including description, quantity, unit cost, total cost**

25. **Project Point of Contact:** *(provide name, email, phone number for project POC)*
Click here to enter text.

PROJECT 4: TBD December 2016

.

26. Brief project description: *(include equipment, trainings and exercises associated with this project)*
Click here to enter text.

27. Which HCC–identified risk does this project address? *(see Community Vulnerability Assessment)*
Click here to enter text.

28. Describe how this project will fill this capability/resource gap?
Click here to enter text.

29. **Which capability does this project support?** *(check all that apply)*

- ☐ Continuity of Operations
- ☐ Emergency Operations Coordination
- ☐ Information Sharing
- ☐ Medical Surge
- ☐ Mass Fatality
- ☐ Other (please specify): Click here to enter text.

30. Name all entities that will receive funding:
Click here to enter text.

31. Does this project sustain previously purchased equipment or supplies? Yes ☐ No ☐

32. Describe the deliverables for this project (*be specific and include quantitative/ qualitative information; e.g., 200 individuals will receive training with a pass rate of 90%)*
Click here to enter text.

33. Total Project Funding Request: Click here to enter text.
*** You must provide an itemized budget utilizing the Budget Template, Exhibit 1a-Part 2, by Category** *(Supplies, Travel, Equipment, Consultant, Other),* **including description, quantity, unit cost, total cost**

34. Project Point of Contact: *(provide name, email, phone number for project POC)*
Click here to enter text.

Task 3

1. HCCTF Teleconference

Jul 28, 2016 2-3pm

NCFHCC HCCTF member attendee: Tony McLaurin

The following items were presented and discussed at the Jul 28 teleconference:

- 2016-17 Contract Update (Jeanine Posey)
- National Health Care Conference 2016 (Jeanine Posey)
- 2017 Draft Health Care Preparedness and Response Capabilities (Jeanine Posey)

2. HCCTF Teleconference

Aug 25, 2016 10:30-11:30am

NCFHCC HCCTF member attendee: Tony McLaurin & Kendra Siler-Marsiglio

The following items were presented and discussed at the Aug 25 teleconference:

- 2016-17 Contract Update (Jeanine Posey)
- Cybersecurity organization under development for Disaster Management and Emergency Planning under Presidential Executive Order 13691 (Kendra Siler-Marsiglio)
- Plans for face-to-face HCCTF meeting in Viera (John Wilgis)

3. HCCTF face-to-face meeting in Viera at the Department of Health in Brevard County

Sept 21-22, 2016

NCFHCC HCCTF member attendee: Paul Myers & Kendra Siler-Marsiglio

The following items were presented and discussed at the Sept 21-22 face-to-face meeting:

- Bureau Updates
- Florida Status, Tracking and Availability Tool (EMResources)
- Pulse Shooting from Disaster Health Services Manager of Orange County point of view
- HCC Survey Results & Future of HCCs 2017-2022

EXHIBIT 8

NCFHCC Communications Test Form

Healthcare Coalition Member	Date Test Completed	Communication Method Used	Successful Test?	Date Test Completed	Communication Method Used	Successful Test?	Date Test Completed	Communication Method used	Successful Test?	Date Test Completed	Communication Method Used	Successful Test?	Comment
Alachua County EM	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	David Donnelly <dad@alachuacounty.us>
Alachua County EMS	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Harold Theus <hmt@AlachuaCounty.US>
Gainesville Fire Rescue	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Hillhouse, Joseph S <hillhousjs@cityofgainesville.org; Irving, Conrade irvingc@cityofgainesville.org
Alachua County Health Department	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Paul.Myers@flhealth.gov
North Florida Regional Medical Center	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Jeremy.Gallman@hcahealthcare.com
UF Health Shands Hospital	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Milton, Mark L. <milton@shands.ufl.edu>
Malcom Randall VA Medical Center	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Mark.Humphries@va.gov
Meridian Behavioral Healthcare	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	lynda_evans@MBHCI.org
ARC of Alachua County	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Mark Johnson mjohnson@arcalachua.org
CMS North Central Region	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	James Nash James.Nash@flhealth.gov
Bradford County EM	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	brian_johns@bradfordcountyfl.gov
Bradford County EMS	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	allen_parrish@bradfordcountyfl.gov
Bradford County Health Department	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Joseph.Pietrangelo@flhealth.gov
Shands Starke	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Annette.Starling@hma.com
Columbia County EM	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	shayne_morgan@columbiacountyfla.com
Columbia County EMS	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	James.Brinkley@lifeguardambulance.com
Columbia County Health Department	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Mark.Lander@flhealth.gov
Shands Lake Shore	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Pommett, Frank <frank.pommett@hma.com>
Lake City Medical Center	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Mark Robinson Mark.robinson@hcahealthcare.com
Lake City VA Medical Center	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Carl.Glebowski2@va.gov
Dixie County EM	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Scott.Garner@dixieemergency.com
Dixie County EMS	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Gary.Nave@dixieemergency.com
Dixie County Health Department	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Locke, Barbara L <Barbara.Locke@flhealth.gov>
Gilchrist County EM	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Dave Peaton dpeaton@gilchrist.fl.us
Gilchrist County EMS	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Mitch Harrell mharrell@gilchrist.fl.us
Gilchrist County Health Department	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Locke, Barbara L <Barbara.Locke@flhealth.gov>
Tri-County Nursing & Rehab Center	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	sheila.frierson@me.com
Hamilton County EM	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Henry Land <hland@hamiltongov.org>
Hamilton County EMS	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Mac Legget hamiltonems@windstream.net
Hamilton County Health Department	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Mark.Lander@flhealth.gov
Lafayette County EM	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Donnie Land <lafayem@windstream.net>
Lafayette County EMS	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Donnie Land <lafayette911@windstream.net>
Lafayette County Health Department	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Pamela.Blackmon@flhealth.gov
Levy County EM	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	markjohnson@levydisaster.com
Levy County EMS	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	David Knowles <dknowles@Levydps.com>
Levy County Health Department	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Locke, Barbara L <Barbara.Locke@flhealth.gov>
Regional General Hospital in Williston	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Davie Lloyd Dlloyd@regionalgeneral.com; Lisa Winegardner lwine@regionalgeneral.com
Putnam County EM	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	ryan.simpson@putnam-fl.com
Putnam County EMS	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	chad bradt <chad.bradt@putnam-fl.com>
Putnam County Health Department	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Mary.Garcia2@flhealth.gov
Putnam County Medical Center	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Timothy.Weldon@LPNT.net
Suwannee County EM	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Sharon Hingson <sharonh@suwcounty.org>
Suwannee County EMS	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	James Sommer Jamess@suwcounty.org
Suwannee County Health Department	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Pamela.Blackmon@flhealth.gov
Shands Live Oak	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Richard.huth@hma.com
Union County EM	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	John R. Walker <walkerjr@unionsheriff.us>
Union County EMS	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	mandrews@union-ems.net
Union County Health Department	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Joseph.Pietrangelo@flhealth.gov
Lake Butler Hospital	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	David Hartzell <davehartzell75@gmail.com>
Coordination Committee Chair	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	brad.caron@flhealth.gov
Orthopaedic Surgery Center	7/7/2016	Email	Yes	7/26/2016	Email	Yes	8/10/2016	Email	Yes	8/12/2016	Email	Yes	Terri Cochran terric@oscbrokenbones.com

Exhibit 6

Deployable Resources / Mission Ready Packages

RESOURCE	RESPONSIBLE PARTY	DEPLOYMENT TIME
Samples:		
Command and control vehicles	Bradford County EM	2 hours
Dual Use Vehicles (buses that convert to patient evacuation vehicles)		
Response Support Units		
Hygiene Units		
Mobile Clinics		
Mobile Pharmacy Units (MPUs)		
Mobile Vet Centers (MVCs)		
Mobile Food Units to support ESF 8 missions		

WellFlorida Council
Working Together for Healthy Communities

INVOICE

North Central Florida Health Care Coalition
Alachua County Health Department
Attn: Brad Caron
224 SE 24th Street
Gainesville, FL 32641

INVOICE # 4738
DATE: December 15, 2016
AUTHORIZED BY: L.Redding

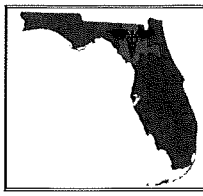
DESCRIPTION	AMOUNT
Quarter 2 Deliverables:	$17,016.00
Work Plan	
Particapation in HCC and TF meetings	
Communication Capability Test	
Mission Ready Packages	

SUBTOTAL	$ 17,016.00
TAX RATE	
SALES TAX	-
POSTAGE/HANDLING	
TOTAL	**$ 17,016.00**

Please pay from this invoice. No statement will be sent. Balance due on receipt. If tax exempt, please provide a copy of certificate. Make checks payable to WellFlorida Council, Inc. FEIN #23-7083163. If you choose to pay by credit card a 3% processing fee will be added to your total.

THANK YOU FOR YOUR BUSINESS!

1785 NW 80th Blvd., Gainesville, FL 32606
Tel: (352) 313-6500 Fax: (352) 313-6515
www.wellflorida.org



North Central Florida Health Care Coalition

Invoice No. COP43-A1

December 15th, 2016

Dawn Webb
Florida Department of Health
Bureau of Preparedness and Response
4052 Bald Cypress Way, Bin A-23
Tallahassee, FL 32399-1746

RE: HCC Contract COP 43

Dear Dawn Webb:

We are requesting payment for deliverables associated with Quarter 2 that have been completed, in the amount of $27,817.75 in accordance with the terms of our contract.

I further certify that the services for Tasks B.1.a.1, B.1.a.2, B.1.a.3, B.1.a.4, B.1.a.5, B.1.a.7 associated with Deliverable 2 have been performed and/or received.

Please remit payment to: North Central Florida Health Care Coalition, Inc.
224 S.E. 24th Street
Gainesville, Florida 32641

Sincerely,

Harold Theus
Coalition Contact
Chair

Exhibit 4

Work Plan
North Central Florida Healthcare Coalition
2016-2017

1. **Current HCC Chair:** Harold Theus

2. **Chair Contact Info:** Email: hmt@alachuacounty.us Phone: 352-384-3132

3. **HCC Task Force Member:** Myesha Ponder

4. **HCC Fiduciary Agent:** WellFlorida Council

5. **Counties within your HCC:** Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union

6. **Administrative Plan:** The Administrative plan has been review and updated as of September 19, 2016. The bylaws were updated, the revised and approved administrative plan has been provided to FLDOH.

7. **HCC Member Organizations:**

    - Hospitals and Health Systems: UF Health Shands, North Florida Regional Medical Center, Malcom Randall VA Medical Center, Lake City VA Medical Center, Lake Butler Hospital, Lake City Medical Center, Shands Lake Shore, Shands Starke, Regional General Hospital in Williston
    - Local Emergency Management / Public Safety: Alachua County EM, Bradford EM, Columbia County EM, Dixie County EM, Gilchrist EM, Hamilton EM, Lafayette EM, Levy County EM, Putnam County EM, Suwannee EM, Union County EM, Gainesville Fire Rescue
    - Local Public Health: DOH-Alachua, DOH-Bradford, DOH-Columbia, DOH-Dixie, DOH-Gilchrist, DOH-Hamilton, DOH-Lafayette, DOH-Levy, DOH-Putnam, DOH-Suwannee, DOH-Union
    - EMS Providers (public and private): Alachua County EMS, Bradford County EMS, Columbia County EMS, Dixie County EMS, Gilchrist County EMS, Hamilton County EMS, Lafayette County EMS, Levy County EMS, Putnam County EMS, Suwannee County EMS, Union County EMS
    - Long-Term Care: Tri-County Nursing and Rehab Center
    - Behavioral & Mental Health: Meridian Behavioral Healthcare
    - Specialty Service Providers (dialysis, pediatrics, urgent care, Medical Examiners, funeral directors, etc.): CMS North Central Region
    - Support Service Providers (laboratories, pharmacies, blood banks, poison control, etc.): N/A
    - Primary Care Providers: N/A
    - Community Health Centers: Azalea Health Federally-qualified Health Center

8. **Total Number of Projects Submitted** ***(****sum of all projects****)*****:** *2016 submissions are upcoming. NCFHCC is planning to develop a new standardized application process that members can use in January 2017*

9. **Total Funding Amount Requested** ***(****sum of all project budgets****)*****: $40,707 is currently budgeted for projects. Proposed projects will be reviewed and voted on using a standardized method that is approved by the NCFHCC Board by January 2017.***

10. **Top five hazards identified in your latest Hazard/Community Vulnerability Assessment:**
    A. Hurricane
    B. Communication System Failure and Roadway System Blocked
    C. Data System Failure
    D. Mass Casualty (medical, infectious, and trauma-related); Interstate/Major Highway Accident; Terrorism
    E. Small-Medium Sized Internal Spill

11. **Top five risks derived from assessments, After-Action Reports, and other sources:**
    A. Cybersecurity
    B. Inter-organizational information sharing and collaboration mechanisms with the HPH sector
    C. Outside contracts and contacts with Incident Response providers
    D. Improve communication among providers and emergency management regarding responsibilities
    E. Interdependent communication

12. **Top three training and exercise needs from the previous years' Training and Exercise Plan Workshop:**
    A. Responder and Safety Behavioral Health and Workplace Safety
    B. ICS Refresher
    C. Resource Management

13. **Marketing Plan:** NCFHCC is working on the following marketing strategies: website, targeted outreach, e-newsletters, and e-brochures.

14. **List of supplies and equipment in the service area capable of being used to support medical surge or mass casualty.**
    Command and control vehicles
    Mass Casualty Incident Trailers
    SpNS Trailer
    Alternate Care Site Trailer
    Click here to enter text.
    Click here to enter text.
    Click here to enter text.
    Click here to enter text.
    Click here to enter text.
    Click here to enter text.

Budget report including expenditures to date during the quarter

Project Budget Update				
BUDGET CATEGORY	DESCRIPTION	AMOUNT ALLOCATED	AMOUNT EXPENDED	TOTAL PROJECT EXPENSE
Employee Wages				(Grant Request + Matching)
Fringe Benefits				(Grant Request + Matching)
Liability Insurance				
Fiscal Entity Cost		Covered under contracts/consulting	N/A	
Utilities				
Travel		5,682 miles at $0.44 per mile $2,500	$0	(Grant Request + Matching)
Project Proposed Amounts		$40,707	$0 *(This funding will be distributed by February 2017)*	
Equipment		Covered under contracts/consulting		(Grant Request + Matching)
Supplies		Covered under contracts/consulting		(Grant Request + Matching)
Consultants/ Contracts	WellFlorida Council is expected to continue to serving as the NCFHCC Health Care Coalition Coordinator. WellFlorida will execute NCFHCC deliverables, facilitate meetings, make coalition partners aware of training, educational, and exercise opportunities. The Coordinator is also to provide organizational	$68,064	$34,032	$68,064

	capacity building, training development, and technical assistance for NCFHCC. WellFlorida will also serve as the NCFHCC's fiscal agent.			
Other Costs *(Be specific or provide description)*				(Grant Request + Matching)
TOTAL			$0	**$111,271**

ANTICIPATED PROJECT 1: *Rural County Coordination*

Brief project description: *(include equipment, trainings and exercises associated with this project)*
NCFHCC serves 10 rural counties; five of these counties are Region 2 counties that are part of our service area and part of the NCF healthcare delivery system. These NCFHCC rural counties have fewer resources than the Alachua urban center, each have varied communication systems and protocols, and many are without a hospital. These issues lower these counties' capacities to mitigate a disaster or emergency. With these funds, NCFHCC partners propose to put extra effort into these counties to ensure that these counties—given their special needs and barriers—have plans in place and the right stakeholders involved to help the counties respond to an emergency or disaster. North Central Florida Trauma Agency, Rural Health Partnership of North Central, and the Council of Regional EMS plan to assist NCFHCC with the outreach and coordination needed to complete this special project. This project is to be reviewed and voted on by the NCFHCC Board by January 2017.

Which HCC–identified risk does this project address? *(see Community Vulnerability Assessment)*
A. Cybersecurity
B. Inter-organizational information sharing and collaboration mechanisms with the HPH sector
D. Improve communication among providers and emergency management regarding responsibilities
E. Interdependent communication

1. **Describe how this project will fill this capability/resource gap?**
   Better communications with rural counties in the NCFHCC region

2. **Which capability does this project support?** *(check all that apply)*
   - ☑ Continuity of Operations
   - ☑ Emergency Operations Coordination
   - ☑ Information Sharing
   - ☐ Medical Surge
   - ☐ Mass Fatality

   Click here to enter text.

3. **Name all entities that will receive funding:**
   To be determined in January 2017 by NCFHCC Board

4. **Does this project sustain previously purchased equipment or supplies?** NO

5. **Describe the deliverables for this project** (*be specific and include quantitative/ qualitative information; e.g., 200 individuals will receive training with a pass rate of 90%)*
   A survey of 100 rural stakeholders from public health, first responders, and the private medical community (hospitals and other safety net providers) will show the differences in communication systems and protocols in the NCFHCC region. The survey will determine how public health currently communicates with the private medical community. Using the survey results, a diverse group of 60 rural and urban stakeholders (e.g., public health, health systems, FQHCs, local government) will have three meetings and three trainings to address rural communication gaps.

6. **Total Project Funding Request: $25,000.00**
   *** You must provide an itemized budget utilizing the Budget Template, Exhibit 1a-Part 2, by Category** *(Supplies, Travel, Equipment, Consultant, Other),* **including description, quantity, unit cost, total cost**
   To be submitted to the NCFHCC Board by January 2017

7. **Project Point of Contact:** *(provide name, email, phone number for project POC)*
   Kendra Siler-Marsiglio, Kendra.Siler@CommunityHealthIT.org, 904.318.5803

PROJECT 2: TBD January 2017

8. **Brief project description:** *(include equipment, trainings and exercises associated with this project)*

9. **Which HCC–identified risk does this project address?** *(see Community Vulnerability Assessment)*
   Click here to enter text.

10. **Describe how this project will fill this capability/resource gap?**
    Click here to enter text.

11. **Which capability does this project support?** *(check all that apply)*

- ☐ Continuity of Operations
- ☐ Emergency Operations Coordination
- ☐ Information Sharing
- ☐ Medical Surge
- ☐ Mass Fatality
- ☐ Other (please specify): Click here to enter text.

12. **Name all entities that will receive funding:**
    Click here to enter text.

13. **Does this project sustain previously purchased equipment or supplies?** Yes ☐ No ☐

14. **Describe the deliverables for this project** (*be specific and include quantitative/ qualitative information; e.g., 200 individuals will receive training with a pass rate of 90%)*
    Click here to enter text.

15. Total Project Funding Request: Click here to enter text.
*** You must provide an itemized budget utilizing the Budget Template, Exhibit 1a-Part 2, by Category** *(Supplies, Travel, Equipment, Consultant, Other),* **including description, quantity, unit cost, total cost**

16. Project Point of Contact: *(provide name, email, phone number for project POC)*
Click here to enter text.

PROJECT 3: TBD January 2017

17. Brief project description: *(include equipment, trainings and exercises associated with this project)*
Click here to enter text.

18. Which HCC–identified risk does this project address? *(see Community Vulnerability Assessment)*
Click here to enter text.

19. Describe how this project will fill this capability/resource gap?
Click here to enter text.

20. **Which capability does this project support?** *(check all that apply)*

☐ Continuity of Operations
☐ Emergency Operations Coordination
☐ Information Sharing
☐ Medical Surge
☐ Mass Fatality
☐ Other (please specify): Click here to enter text.

21. Name all entities that will receive funding:
Click here to enter text.

22. Does this project sustain previously purchased equipment or supplies? Yes ☐ No ☐

23. Describe the deliverables for this project (*be specific and include quantitative/ qualitative information; e.g., 200 individuals will receive training with a pass rate of 90%)*
Click here to enter text.

24. Total Project Funding Request: Click here to enter text.
*** You must provide an itemized budget utilizing the Budget Template, Exhibit 1a-Part 2, by Category** *(Supplies, Travel, Equipment, Consultant, Other),* **including description, quantity, unit cost, total cost**

25. Project Point of Contact: *(provide name, email, phone number for project POC)*
Click here to enter text.

PROJECT 4: TBD January 2017

26. Brief project description: *(include equipment, trainings and exercises associated with this project)*
Click here to enter text.

27. Which HCC–identified risk does this project address? *(see Community Vulnerability Assessment)*
Click here to enter text.

28. Describe how this project will fill this capability/resource gap?
Click here to enter text.

29. **Which capability does this project support?** *(check all that apply)*

☐ Continuity of Operations
☐ Emergency Operations Coordination
☐ Information Sharing
☐ Medical Surge
☐ Mass Fatality
☐ Other (please specify): Click here to enter text.

30. Name all entities that will receive funding:
Click here to enter text.

31. Does this project sustain previously purchased equipment or supplies? Yes ☐ No ☐

32. Describe the deliverables for this project (*be specific and include quantitative/ qualitative information; e.g., 200 individuals will receive training with a pass rate of 90%)*
Click here to enter text.

33. Total Project Funding Request: Click here to enter text.
*** You must provide an itemized budget utilizing the Budget Template, Exhibit 1a-Part 2, by Category** *(Supplies, Travel, Equipment, Consultant, Other),* **including description, quantity, unit cost, total cost**

34. Project Point of Contact: *(provide name, email, phone number for project POC)*
Click here to enter text.

Task 3

1. HCCTF face-to-face meeting in Viera at the Department of Health in Brevard County

Sept 21-22, 2016

NCFHCC HCCTF member attendee: Paul Myers & Kendra Siler-Marsiglio

The following items were presented and discussed at the Sept 21-22 face-to-face meeting:

- Bureau Updates
- Florida Status, Tracking and Availability Tool (EMResources)
- Pulse Shooting from Disaster Health Services Manager of Orange County point of view
- HCC Survey Results & Future of HCCs 2017-2022

2. HCCTF Conference Call

Oct 27, 2016

NCFHCC HCCTF member attendee: Myesha Ponder and Lindsey Redding

The following items were presented and discussed on the October 27th HCCTF conference call:

- Clarification on 2017-2022 Capability Guidelines CMS Rule Integration
- Task and Deliverable Updates from Contract Manager
- Training and Exercise Tracking
- Florida Infection Disease Tracking Network
- Patient Movement During Hurricane Matthew
- 2015-16 HCC Summarization

EXHIBIT 8

NCFHCC Communications Test Form

Healthcare Coalition Member	Date Test Completed	Communication Method Used	Successful Test?	Date Test Completed	Communication Method Used	Successful Test?	Date Test Completed	Communication Method used	Successful Test?	Date Test Completed	Communication Method Used	Successful Test?	Comment
Alachua County EM	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	David Donnelly <dad@alachuacounty.us>
Alachua County EMS	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Harold Theus <hmt@AlachuaCounty.US>
Gainesville Fire Rescue	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Hillhouse, Joseph S <hillhousjs@cityofgainesville.org; Irving, Conrade irvingc@cityofgainesville.org
Alachua County Health Department	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Paul.Myers@flhealth.gov
North Florida Regional Medical Center	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Jeremy.Gallman@hcahealthcare.com
UF Health Shands Hospital	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Milton, Mark L. <milton@shands.ufl.edu>
Malcom Randall VA Medical Center	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Mark.Humphries@va.gov
Meridian Behavioral Healthcare	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	lynda_evans@MBHCI.org
ARC of Alachua County	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Mark Johnson mjohnson@arcalachua.org
CMS North Central Region	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	James Nash James.Nash@flhealth.gov
Bradford County EM	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	brian_johns@bradfordcountyfl.gov
Bradford County EMS	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	allen_parrish@bradfordcountyfl.gov
Bradford County Health Department	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Joseph.Pietrangelo@flhealth.gov
Shands Starke	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Annette.Starling@hma.com
Columbia County EM	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	shayne_morgan@columbiacountyfla.com
Columbia County EMS	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	James.Brinkley@lifeguardambulance.com
Columbia County Health Department	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Mark.Lander@flhealth.gov
Shands Lake Shore	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Pommett, Frank <frank.pommett@hma.com>
Lake City Medical Center	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Mark Robinson Mark.robinson@hcahealthcare.com
Lake City VA Medical Center	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Carl.Glebowski2@va.gov
Dixie County EM	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Scott.Garner@dixieemergency.com
Dixie County EMS	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Gary.Nave@dixieemergency.com
Dixie County Health Department	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Locke, Barbara L <Barbara.Locke@flhealth.gov>
Gilchrist County EM	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Dave Peaton dpeaton@gilchrist.fl.us
Gilchrist County EMS	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Mitch Harrell mharrell@gilchrist.fl.us
Gilchrist County Health Department	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Locke, Barbara L <Barbara.Locke@flhealth.gov>
Tri-County Nursing & Rehab Center	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	sheila.frierson@me.com
Hamilton County EM	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Henry Land <hland@hamiltongov.org>
Hamilton County EMS	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Mac Legget hamiltonems@windstream.net
Hamilton County Health Department	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Mark.Lander@flhealth.gov
Lafayette County EM	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Donnie Land <lafayem@windstream.net>
Lafayette County EMS	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Donnie Land <lafayette911@windstream.net>
Lafayette County Health Department	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Pamela.Blackmon@flhealth.gov
Levy County EM	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	markjohnson@levydisaster.com
Levy County EMS	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	David Knowles <dknowles@Levydps.com>
Levy County Health Department	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Locke, Barbara L <Barbara.Locke@flhealth.gov>
Regional General Hospital in Williston	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Davie Lloyd Dlloyd@regionalgeneral.com; Lisa Winegardner lwine@regionalgeneral.com
Putnam County EM	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	ryan.simpson@putnam-fl.com
Putnam County EMS	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	chad bradt <chad.bradt@putnam-fl.com>
Putnam County Health Department	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Mary.Garcia2@flhealth.gov
Putnam County Medical Center	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Timothy.Weldon@LPNT.net
Suwannee County EM	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Sharon Hingson <sharonh@suwcounty.org>
Suwannee County EMS	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	James Sommer Jamess@suwcounty.org
Suwannee County Health Department	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Pamela.Blackmon@flhealth.gov
Shands Live Oak	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Richard.huth@hma.com
Union County EM	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	John R. Walker <walkerjr@unionsheriff.us>
Union County EMS	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	mandrews@union-ems.net
Union County Health Department	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Joseph.Pietrangelo@flhealth.gov
Lake Butler Hospital	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	David Hartzell <davehartzell75@gmail.com>
Coordination Committee Chair	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	brad.caron@flhealth.gov
Orthopaedic Surgery Center	10/11/2016	Email	Yes	10/12/2016	Email	Yes	11/17/2016	Email	Yes	11/21/2016	Email	Yes	Terri Cochran terric@oscbrokenbones.com

Exhibit 6

Deployable Resources / Mission Ready Packages

NCFHCC

RESOURCE	RESPONSIBLE PARTY	DEPLOYMENT TIME
Command and control vehicles	Bradford County EM	Two Hours
SpNS Trailer	Ed Baltzley	Two hours
Alternate Care Site Trailer (incomplete)	Ed Baltzley	Two hours
Disaster Response Trailer	Bradford County Health Department	TBD
Special Needs Response Trailer	Union County Health Department	TBD

1.	**MRP Model SpNS Trailer / Alternate Care Site Trailer (incomplete)**		
a.	**Task and Purpose:** **-SpNS Trailer** is set up to support the Special Needs Shelter with blankets, personal items, and equipment and supplies to operate the shelter. **-Alternate Care Site Trailer** is set up to support both mass care and alternate care sites with cot, blankets, and personal care items. (Note: Incomplete, work in progress) **<u>Examples:</u>** **-Provide cots, blankets, and simple care items**	b.	**Mission:** Mission Capabilities - Set up Special Needs Shelter for 20 people - Set up Alternate Site for 48 people
c.	**ESFs**: Emergency Support Function 6, 7, and 8.	d.	**Limitations:** Limiting Factors to the Resource **For Both Trailers:** - Very limited patient caring ability - Cache provides minimal equipment - Can only sustain operations for a limited amount of time due to team depth and equipment/resources - Not self-sustaining, finite resources - Deployment limited to as long as needed
e.	**Personnel:** **- SpNS:** Staff Personnel 4 to 8. For clients 20. **- Alternate Care Site**, staff bases on the need. For clients 48.	f.	**Equipment:** Equipment Requirements **SpNS Trailer** - Admin supplies, signs, cots, blankets, personal care items, chairs, dividers etc. **Alternate Care Site Trailer:** - Cot and blankets for 48 clients.
g.	**Required Support:** Logistical Support Needed During Mission - Internet Access, electricity - Vehicle(s) to tow trailers - Minimum of 100 SQFT of space to set up - Maintenance Support for Vehicles - Provisions for Feeding and Billeting	h.	**Works With:** - Local Health Department - Local Nursing Homes - Local Hospitals
i.	**N-Hour Sequence:** Deployment Timeline Two hours locally.	j.	**Special Instructions:** -Can be pre-staged -Mobilize from County to use where needed
k.	Cost Per Day: Personnel: NA Equipment: $500 Total: $500		

1.	**MRP Model for Command and Control Vehicles**		
a.	**Task and Purpose:** Rehab trailer w/AC, water, etc. **<u>Examples:</u>** **-Provide field rehab center**	b.	**Mission:** Mission Capabilities **<u>Example:</u>** **-Set up Rehab Shelter**
c.	**ESFs**: Emergency Support Functions Supported by this Asset. ESF 8	d.	**Limitations: NA**
e.	**Personnel: NA**	f.	**Equipment:** **-24 foot Mobile Rehab trailer**
g.	**Required Support:** Logistical Support Needed During Mission **<u>Examples:</u>** **-Minimum of 500 SQFT of outdoor space to set up**	h.	**Works With:** **-Local Health Department** **-Nursing Homes** **-Hospitals** **-Post Impact ESF-8 Assessment Teams**
i.	**N-Hour Sequence: 2 hours**	j.	**Special Instructions:** **-Can be pre-staged**
k.	Cost Per Day: NA Personnel:NA Equipment:NA Total:NA		

Exhibit 6

Deployable Resources / Mission Ready Packages

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i.	**N-Hour Sequence:** Deployment Timeline Two hours locally.	j.	**Special Instructions:** -Can be pre-staged ~~-Mobilize from County to used where needed~~ -Resource located in xx County
k.	Cost Per Day: Personnel: NA Equipment: $500 Total: $500		

Comment [MRD1]: If this is the same trailer but serves 2 purposes, then why do the numbers vary? Can't the cots for 48 clients also serve 48 SpNS clients? Or if it is 2 separate trailers, make 2 MRPs, one each for Q 3.

Comment [MRD2]: Why ESF-7 (Resource Management)? If it belongs to the CHD/local ESF-8 it is their asset/resource and does not need to deal with ESF-7.

Comment [MRD3]: See note for e. Personnel. If they are a set up crew then there would be no "patient care ability".

Comment [MRD4]: Are these set up staff for the items in the trailer or care providers? Or both?

Comment [MRD6]: Need to include size of trailer.

Comment [MRD5]: Need a rough number, Xx for set up (minimum)

Comment [MRD7]: Needs to know size requirements for tow vehicles, can I use an F-150 or do I need an F-350 diesel.

Comment [MRD9]: If this is just a set up crew for the trailer, that would need to be stated here.

Comment [MRD8]: "Locally" is not needed, the N-Hour is just how long it will take to have the asset ready to move. If its going to Miami over Tallahassee, it is understood that there will be more time needed to get resource to requestors location.

Comment [MRD10]: This provides us an idea of the distance from A to B if ever needed.

1.	**MRP Model for Command and Control Vehicles**		
a.	**Task and Purpose:** Rehab trailer w/AC, water, etc. **Examples:** **-Provide field rehab center**	b.	**Mission:** Mission Capabilities **Example:** **-Set up Rehab Shelter**
c.	**ESFs**: Emergency Support Functions Supported by this Asset. ESF 8	d.	**Limitations: NA**
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i.	**N-Hour Sequence: 2 hours**	j.	**Special Instructions:** **-Can be pre-staged**
k.	Cost Per Day: NA Personnel:NA Equipment:NA Total:NA		

Comment [MRD11]: Good start, continue to define out in Q3

MEMORANDUM OF AGREEMENT
BETWEEN
NORTHEAST FLORIDA REGIONA COUNCIL
AND
NORTHEAST FLORIDA HEALTHCARE COALITION

WHEREAS, the Northeast Florida Regional Council (hereafter referred to as "Council" was established by Interlocal Agreement pursuant to Chapter 163, Florida Statutes by and between Baker, Clay, Duval, Flagler, Nassau, Putnam and St. Johns Counties; and

WHEREAS, the Council, a unit of local government and an "Agency of the State" was formed to provide a regional perspective to issues transcending individual jurisdictional boundaries; and

WHEREAS, the Council has been intimately involved in issues of emergency/disaster preparedness, disaster response and recovery, and domestic security; and

WHEREAS, the Northeast Florida Healthcare Coalition (hereafter referred to as "Coalition") was established to serve as a multi-jurisdictional multi-disciplinary coordination entity to assist emergency management with preparedness, response and recovery objectives and activities related to health and medical disaster operations for Baker, Clay, Duval, Flagler, Nassau and St. Johns Counties; and

WHEREAS, the Coalition is recognized as a Healthcare Coalition by the Florida Department of Health; and

WHEREAS, the Coalition and Council are independent organizations that respect and value the unique role and responsibilities given to each agency by Florida Statutes, rules and their respective articles of incorporation, bylaws and other governing documents; and

WHEREAS, the Coalition and Council desire to work together to implement and maintain the sustainment and work plan of the Coalition; and

WHEREAS, it is in the best interest of both the Council and Coalition to enter into this agreement to provide for the means necessary to undertake the work of the Coalition.

NOW, THEREFORE, BE IT RESOLVED THAT

The undersigned representatives, duly designated as official representatives of the organizations and empowered to enter into this agreement, do hereby agree to the following:

1. Contract/Scope of Work
    a. The Council shall fulfill the obligations of and shall adhere to the terms and conditions of the contract with the Florida Department of Health, attached hereto as Attachment 1 and made a part hereof, as guided by the Coalition.
    b. It is understood that the Contract funds from the Florida Department of Health are basically divided into two parts. The first part is $100,000 in Administrative funds for the completion of the Tasks in Attachment 1. The second part is $108,000 in Project funds to be spent on projects to support the findings identified in the Healthcare Community Risk

and Resource Capability Assessment specified in Attachment 1. The Council shall retain 2% of Project funds for administration.

c. It is further understood that the Council shall manage the funds as follows:
    i. Administration/Financial Management - $25,000
    ii. Coalition Operations; used to fund approved expenses such as but not limited to: travel, internal projects such as web site development, and out reach materials printing. Any remainder funds can be used to fund External Projects. - $25,000
    iii. Coalition Projects, such as the Healthcare Community Risk and Resource Capability Assessment, exercises, and other non-administrative items from Attachment 1 - $50,000
    iv. External Projects; these are project funds of the Coalition and will be used to complete projects based on the Coalitions Healthcare Community Risk and Resource Capability Assessments and Coalition approved priorities.

2. Financial Management
    a. The Council, on behalf of the Coalition, shall receive the funds allocated to the Coalition by the Florida Department of Health and any other funder and shall act as the Coalition's Fiscal and Administrative Entity.
    b. Coalition funds will be managed in the Council's financial management system, Grants Management System, as a "Project(s)" providing for separate and distinct tracking of Coalition funds from which detailed financial reporting can be prepared.
    c. Coalition funds shall be managed in accordance with Generally Accepted Accounting Principles and shall be consistent with the requirements of the Governmental Accounting Standards Board.
    d. The Council will provide periodic financial statements to the Coalition.
    e. The Council shall arrange for the auditing of the Coalition's funds, by an independent auditor as part of the overall audit of the Council.
    f. Coalition Operations budget expenditures will require the approval of either:
        i. A majority vote of the Coalition Membership
        ii. A majority vote of the Coalition Executive Board.
        iii. Approval of expenditures below $2500, by the Treasurer and either the Chairman or Vice Chairman of the Coalition. A summary report of these approvals will be provided to the Executive Board at each meeting.
    g. External Projects budget expenditures will require the approval of either:
        i. A majority vote of the Coalition Membership
        ii. A majority vote of the Coalition Executive Board.

3. Administrative Support
    a. The Council shall provide staff support for Coalition meetings and events.
    b. The Council shall arrange for meeting/event venues and be responsible for necessary meeting/event advertisements.
    c. The Council shall record and produce Coalition meeting summaries.
    d. The Council shall develop Coalition meeting agendas in consultation with the Coalition Chair.
    e. The Council shall establish, answer and forward calls from a land-line telephone that will be answered in the Coalitions name.
    f. The Council shall maintain the Coalition's website.
    g. The Council shall undertake procurement on behalf of the Coalition utilizing the Council's established procurement/purchasing procedures.

h. The Council shall prepare a summary budget report for the Treasurer 5 to 7 days prior to every Coalition and Coalition Executive Board meeting. This report shall be suitable for the Treasurer to utilize as a report to the assembly.

4. Professional Support
   a. The Council shall accomplish the work tasks set forth in Attachment 1through use of qualified professional staff.
   b. The Council may, at its discretion, engage qualified professional independent contractors to assist in the completion of work tasks set forth in Attachment 1.

5. Other Support and Term of Agreement
   a. The Council shall provide the Coalition other support not expressly enumerated above by mutual agreement of the Coalition and Council.
   b. This agreement shall become effective on the date below last written and shall terminate on December 31st, 2015 for continuity of funding management between the State's contracting cycles, unless extended or modified (see item c. below).
   c. This agreement shall be modified or extended only upon the mutual agreement of the parties and memorialized in writing.

IN WITNESS THEREOF, the parties hereto have caused this Memorandum of Agreement to be executed by their undersigned officials as duly authorized.

FOR THE NORTHEAST FLORIDA HEALTH CARE COALITION

Leigh H. Wilsey, Chair

10/15/14
Date

FOR THE NORTHEAST FLORIDA REGIONAL COUNCIL

Brian D. Teeple, CEO

10/2/14
Date

Lee County Healthcare Coalition

Criteria for Funding Request

Eligibility Criteria:

- Requesting agency must be a current member of Lee County Healthcare Coalition.
- Requesting agency must have a minimum of 50 % representation at coalition meetings in previous 18 months. (3 of 6 meetings). New Coalition members must be active participants for at least six months before making a request.
- Request must demonstrate relevance to emergency preparedness.
- Request must demonstrate direct link to Lee County Healthcare Coalition goals/gap analysis.
- A call for requests will be made 60 days prior to the coalition quarterly meeting (4 times a year). Written requests must be submitted to Lee County Healthcare Coalition 30 days prior to quarterly meeting.
- Agency representative must be present at the coalition meeting. If not in attendance request will be tabled until the following quarterly meeting. If two consecutive meetings are missed after request, the request will be denied.

PROCESS:

- Coalition shall budget annually the amount of funds available for agency requests
- Coalition will announce call for requests 60 days before each quarterly meeting.
- Coalition agency members will complete Request for Funding form as provided by the coalition.
- Requests will be submitted to the fiscal agent for initial review then passed on to the Coalition Steering Committee.
- The Steering Committee will provide a list of submitted requests at each Coalition meeting as applicable.
- Requesting Agency and/or Coalition representative must be present at the quarterly meeting. If representative is not in attendance, the request will be tabled until the following quarterly meeting. If two consecutive meetings are missed after request, the request will be denied.
- The Coalition members will vote upon funding requests that meet the eligibility criteria and have been reviewed by the Steering Committee.
- A formal letter of acceptance or denial will be sent to the requesting agency within 15 days of decision. Denials should include an explanation and include those requests not considered by the Steering Committee.

Lee County Healthcare Coalition

The mission of the Lee County Healthcare Coalition is to develop and promote the healthcare emergency preparedness and response capabilities of Lee County.

FUNDING APPLICATION REQUEST		
APPLICANT INFORMATION		
Project Title:		
Date:	**Amount Requested:**	
Organization Name:		
Current address:		
City:	State:	ZIP Code:
CONTACT PERSON INFORMATION		
Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Email:	
Title:		
WHICH IDENTIFIED GAP WILL THIS REQUEST HELP FULFILL? *(CHECK ALL THAT APPLY)*		
☐ Transportation ☐ Shelter ☐ Training	☐ Communications ☐ Life safety	
PROJECT DESCRIPTION		
Please attach: • Project Description including: 1: How the project relates to the coalition's mission and 2: Benefits the community *(how it will benefit the Coalition members and/or be shared among/ available to the other Coalition members)* • Budget(s) and/or Quotation(s) • Letter(s) of support from community organizations or leaders (optional)		

DATE APPLICATION WAS RECEIVED: _____

Lee County Healthcare Coalition

The mission of the Lee County Healthcare Coalition is to develop and promote the healthcare emergency preparedness and response capabilities of Lee County.

Eligibility Requirements to Request Funding

- Requesting agency must be a current member of Lee County Healthcare Coalition.
- Requesting agency must have a minimum of 50 % representation at coalition meetings in previous 18 months. (3 of 6 meetings). New Coalition members must be active participants for at least six months before making a request.
- Request must demonstrate relevance to emergency preparedness.
- Request must demonstrate direct link to Lee County Healthcare Coalition goals/gap analysis.
- A call for requests will be made 60 days prior to the coalition quarterly meeting (4 times a year). Written requests must be submitted to Lee County Healthcare Coalition 30 days prior to quarterly meeting.
- Agency representative must be present at the coalition meeting. If not in attendance request will be tabled until the following quarterly meeting. If two consecutive meetings are missed after request, the request will be denied.

Please email completed application and required documents in PDF format or for more questions to: Desireé Lopez at DesireeLopez@hpcswf.com

DATE APPLICATION WAS RECEIVED: _____

Northeast Florida Healthcare Coalition
Project Submission Form 2016-17
Projects must be submitted via email to Beth Payne: epayne@nefrc.org
Projects will not be accepted after 4pm EST on Friday, October 14, 2016

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

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

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

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

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

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

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

8. Name all entities that will receive funding.

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

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

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

12. Total Project Funding Request:_____

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

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

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

Northeast Florida Healthcare Coalition
Project Guidelines
2016-17

PROJECT SUBMISSION GUIDELINES

- Requesting agency must be a current member or request membership to the Northeast Florida Healthcare Coalition (NEFLHCC) as part of the project submission process (Membership Request Letter is included in the Project Submission Packet).
- Request must demonstrate relevance to the Coalition's mission: *To achieve and health and medical system that is efficient and resilient in an emergency.*
- Request must demonstrate direct link to the Coalition identified goals/gap analysis. Relevant NEFLHCC plans and documents can be found on the website – www.neflhcc.org
- Projects will provide for geographic diversity within the six county region of Baker, Clay, Duval, Flagler, Nassau and St. Johns counties.
- Funding awards will typically not exceed $30,000 per project.
- Projects must address an identified healthcare delivery deficiency, capability or resource gap.
- Projects must align to and support one of the following capabilities: Continuity of Operations, Emergency Operations Coordination, Information Sharing, Medical Surge, or Mass Fatality.
- Projects will not be considered if they supplant normal business expenses/core mission requirements
- Projects will not be considered if they violate any of the ASPR funding restrictions (see Attachment).
- Decisions made on funding requests are at the sole discretion of the Northeast Florida Healthcare Coalition Executive Board.
- The Northeast Florida Healthcare Coalition Executive Board reserves the right to partially fund a request.

Northeast Florida Healthcare Coalition For Disaster Preparedness

PROJECT SUBMISSION PROCESS

- Coalition shall budget annually the amount of funds available for member projects.
- Coalition will announce call for project submissions, which will include submission period and project submission deadline.
- Coalition members will complete Project Submission form as provided.
- Requests will be submitted to the fiscal agent (Beth Payne) for initial review for completeness then provided to the Project Review Committee. The projects will then be prioritized.
- The Executive Board will be provided a list of submitted projects and their prioritization from the Project Review Committee. The Board will have final approval of the prioritized project list.
- A formal letter of acceptance or denial will be sent to the requesting member within 15 business days of decision.

NEFLHCC Project Submission Process

2016-17

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

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

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

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

Dear Ms. Payne:

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

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

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

Sincerely,

[Your Name]

CMS finalizes rule to bolster emergency preparedness of certain facilities participating in Medicare and Medicaid

Date 2016-09-08

Contact press@cms.hhs.gov

Today, the Centers for Medicare & Medicaid Services (CMS) finalized a rule to establish consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and man-made disasters.

Over the past several years, and most recently in Louisiana, a number of natural and man-made disasters have put the health and safety of Medicare and Medicaid beneficiaries – and the public at large – at risk. These new requirements will require certain participating providers and suppliers to plan for disasters and coordinate with federal, state tribal, regional, and local emergency preparedness systems to ensure that facilities are adequately prepared to meet the needs of their patients during disasters and emergency situations.

“Situations like the recent flooding in Baton Rouge, Louisiana, remind us that in the event of an emergency, the first priority of health care providers and suppliers is to protect the health and safety of their patients,” said CMS Deputy Administrator and Chief Medical Officer Patrick Conway, M.D., MSc. “Preparation, planning, and one comprehensive approach for emergency preparedness is key. One life lost is one too many.”

“As people with medical needs are cared for in increasingly diverse settings, disaster preparedness is not only a responsibility of hospitals, but of many other providers and suppliers of healthcare services. Whether it’s trauma care or long-term nursing care or a home health service, patients’ needs for health care don’t stop when disasters strike; in fact their needs often increase in the immediate aftermath of a disaster,” said Dr. Nicole Lurie, HHS assistant secretary for preparedness and response. “All parts of the healthcare system must be able to keep providing care through a disaster, both to save lives and to ensure that people can continue to function in their usual setting. Disasters tend to stress the entire health care system, and that’s not good for anyone.”

After reviewing the current Medicare emergency preparedness regulations for both providers and suppliers, CMS found that regulatory requirements were not comprehensive enough to address the complexities of emergency preparedness. For example, the requirements did not address the need for: (1) communication to coordinate with other systems of care within cities or states; (2) contingency planning; and (3) training of personnel. CMS proposed policies to address these gaps in the proposed rule, which was open to stakeholder comments.

After careful consideration of stakeholder comments on the proposed rule, this final rule requires Medicare and Medicaid participating providers and suppliers to meet the following four common and well known industry best practice standards.

1. Emergency plan: Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the location of a provider or supplier.

2. Policies and procedures: Develop and implement policies and procedures based on the plan and risk assessment.

3. Communication plan: Develop and maintain a communication plan that complies with both Federal and State law. Patient care must be well-coordinated within the facility, across health care providers, and with State and local public health departments and emergency systems.

4. Training and testing program: Develop and maintain training and testing programs, including initial and annual trainings, and conduct drills and exercises or participate in an actual incident that tests the plan.

These standards are adjusted to reflect the characteristics of each type of provider and supplier. For example:

Outpatient providers and suppliers such as Ambulatory Surgical Centers and End-Stage Renal Disease Facilities will not be required to have policies and procedures for provision of subsistence needs.

Hospitals, Critical Access Hospitals, and Long Term Care facilities will be required to install and maintain emergency and standby power systems based on their emergency plan.

In response to comments, CMS made changes in several areas of the final rule, including removing the requirement for additional hours of generator testing, flexibility to choose the type of exercise a facility conducts for its second annual testing requirement, and allowing a separately certified facility within a healthcare system to take part in the system's unified emergency preparedness program.

The final rule also includes a number of local and national resources related to emergency preparedness, including helpful reports, toolkits, and samples. Additionally, health care providers and suppliers can choose to participate in their local healthcare coalitions, which provide an opportunity to share resources and expertise in developing an emergency plan and also can provide support during an emergency.

These regulations are effective 60 days after publication in the Federal Register. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date.

For more information please see a blog by Dr. Lurie, HHS assistant secretary for preparedness and response, and the CMS Survey & Certification – Emergency Preparedness webpage.

Get CMS news at cms.gov/newsroom, sign up for CMS news via email and follow CMS on Twitter @CMSgov

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Published: 9/16/2016

Effective: 11/15/2016

Must comply and implement: 11/15/2017

This rule requires Medicare & Medicaid healthcare providers to establish emergency preparedness, thereby increasing patient safety during emergencies, by following the four identified key best practice standards, which include forming an emergency plan, developing policies and procedures to care out such a plan, developing a communication plan to aid in coordination efforts with other healthcare providers and suppliers, produce and implement training and testing programs to evaluate readiness. These standards should be adjusted according to type of provider or supplier. Establishing a more coordinated response to both natural and man-made disasters is also required and should be integrated throughout the preparation.

Quoted from: Federal Register

“SUMMARY: This final rule establishes national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to plan adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It will also assist providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations. Despite some variations, our regulations will provide consistent emergency preparedness requirements, enhance patient safety during emergencies for persons served by Medicare- and Medicaid-participating facilities, and establish a more coordinated and defined response to natural and man-made disasters.”

“DATES: Effective date: These regulations are effective on November 15, 2016. Incorporation by reference: The incorporation by reference of certain publications listed in the rule is approved by the Director of the Federal Register November 15, 2016. Implementation date: These regulations must be implemented by November 15, 2017.”

North Central Florida Health Care Coalition

Coordinating Preparedness & Resilience through all sectors of the healthcare system

MEETING SUMMARY SEPTEMBER 19, 2016 FACE-TO FACE ALACHUA COUNTY EOC

MEETING CALLED BY	Coalition vote
TYPE OF MEETING	Regular Quarterly
FACILITATOR	Coalition Chair, Harold Theus
NOTE TAKER	Kendra Siler-Marsiglio, PhD
ATTENDEES **CHD=COUNTY HEALTH DEPARTMENT** **EM=EMERGENCY MANAGEMENT** **EMS=EMERGENCY MEDICAL SERVICES**	Board Member/Designee Attended: Harold Theus-Alachua County EMS, Paul Myers-Alachua CHD Administrator, Mary Garcia-Putnam CHD Administrator, Lola Butler-Dixie CHD Representative, Rel Perea-Hamilton CHD Representative, Kavin Catalfu-Columbia CHD Representative, Suzanne DeKay-UF Health-Shands, Kendra Siler-Marsiglio-WellFlorida, Jen Horner-Alachua Co. EM, Mark Johnson-DOH- Levy, Paul Hamilton-NFRMC, David Hartzell-Lake Butler Hospital Guests - Sandi Courson-Region 3 Regional Emergency Response Advisor, Sam MacDonell-Region 2 Regional Emergency Response Advisor, Don Barnes-Center for Independent Living of North Central Florida, Shawn Hall-North East Florida Fusion Center

1:30PM **WELCOME**

DISCUSSION	**Welcome and start of meeting**

OLD BUSINESS

DISCUSSION	**Approve Minutes from June 13, 2016 meeting**
CONCLUSION	Meeting minutes were motioned for approval by David Hartzell and seconded by Mary Garcia. Motion passed unanimously. All voting blocks were represented at the meeting. Motion was approved unanimously.
DISCUSSION	**Finalize NCFHCC:STAR MOA approved at last meeting.**
CONCLUSION	MOA signed by NCFHCC was co-signed by STAR.

NEW BUSINESS

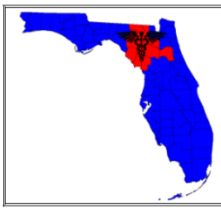
DISCUSSION	**NCFHCC:WellFlorida agreement presented by Chief Theus**
CONCLUSION	Voting blocks voted on signing NCFHCC:WellFlorida agreement. Vote was motioned for approval by David Hartzell and seconded by Suzanne DeKay. All voting blocks were represented at the meeting. Motion was approved unanimously. A change from last year's agreement: WellFlorida will be performing fiscal duties for NCFHCC instead of the Alachua County DOH.
DISCUSSION	**Voting on new Vice Chair nominee Dan Mann presented by Chief Theus**
CONCLUSION	Voting blocks voted on Dan Mann as the new NCFHCC Vice Chair. Vote was motioned for approval by David Hartzell and seconded by Rel Perea. All voting blocks were represented at the meeting. Motion was approved unanimously
DISCUSSION	**Administrative Plan & Bylaws presented by Chief Theus & Kendra Siler-Marsiglio**
CONCLUSION	Voting blocks voted on changes to the NCFHCC Bylaws. Vote to accept all changes with adjustments as discussed was motioned for approval by David Hartzell and seconded by Lola Butler. All voting blocks were represented at the meeting. Motion was approved unanimously. Updated Bylaws will be provided to members; Administrative Plan will be updated with new Bylaw changes. Suzanne DeKay-UF Health-Shands was also nominated for Secretary/Treasurer.
DISCUSSION	**NCFHCC Work Plan presented by Chief Theus & Kendra Siler-Marsiglio**
CONCLUSION	Standard applications for NCFHCC funded projects will be presented at Dec 2016 meeting. Each voting block is to select one member of the voting block to represent the block on the new board. Once Board is selected, Board will meet monthly.
DISCUSSION	**North East Florida Fusion Center presented by Shawn Hall**
CONCLUSION	Information Only. Region 3 has the North East Florida Fusion Center that works with the Florida Fusion Center in Tallahassee.

ANNOUCEMENTS

DISCUSSION	**Don Barnes, Center for Independent Living of North Central Florida**
CONCLUSION	Information Only. Open House will be held on Fri Oct 21 from 4-7pm. Please join us! For more information visit cilncf.org.

ADJOURNMENT

DISCUSSION	**Next Meeting**
CONCLUSION	The next meeting will be held on Dec 5, 2016 at 1330 at the Alachua County Emergency Operations Center. The meeting is to be a Holiday Party hosted by WellFlorida. The meeting was adjourned at 3:05PM



North Central Florida Health Care Coalition

Gap Analysis

Regional Domestic Task Force Region 3 Infectious Disease Response

This report serves as an analysis of the resources gaps in a Regional Domestic Task Force (RDSTF) Region 3 emergency response to an infectious disease. Gaps were determined by reviewing emergency response plans and resource lists from the Florida Department of Health County Health Departments and County Emergency Management agencies. Also, a survey of North Central Florida Healthcare Coalition (NCFHCC) stakeholders and partners was conducted. Although most NCFHCC counties do not have an Infectious Disease Response Plan, most have a Pandemic Flu Plan. Pandemic Flu Plans were used to inform each county's response to an infectious disease. Please note that the resource list information in this analysis does not include any resources provided by contracts with vendors because planning assumptions and after-action reports show this to be an unreliable preparedness tactic.

Below are general regional gaps that the NCFHCC will be addressing in 2016:

1. **Non-standard approaches and settings may be needed in the case of an infectious disease emergency.** If the hospitals become overwhelmed, the region will need to be able to activate alternate care sites (ACSs). Infectious disease emergencies may require an increased demand for inpatient beds, the segregation of infectious and non-infectious patients, or a prolonged response.

2. **The proper equipment and supplies (e.g., IV fluids and supplies, oxygen bottles, ventilators, personal protective equipment [PPE], and surgical items) will be neeeded**. One Emergency Management agency stated having supplies on hand during a prolonged event is "crucial" and some health department plans agree, saying, "self-dependency is a crucial aspect in planning."

3. **Workers/responders will need PPE training specific to an infectious disease response.** The recent Ebola Virus Disease incident prompted more PPE trainings. These trainings should be continued and expanded.

Attached is a spreadsheet containing the equipment and supplies recommended for 138 50-bed ACSs. This would take care of 6889 patients (the Region 3 Population is 2,214,337). The items in the spreadsheet are based on the Agency for Healthcare Research and Quality Comprehensive Alternate Care Site Medical Cache Infectious Disease list. The spreadsheet also includes how much each county has of the recommended item. If a county is not listed, it is because a list was not obtained because of preparedness planner turnover. The Regional Shortage column shows the items that the region is lacking in red.

The below section discusses the 2015 NCFHCC Gap Analysis Survey.

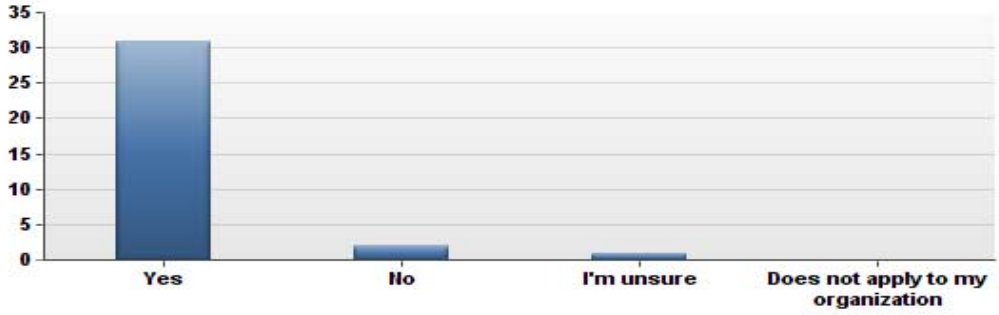
2015 NCFHHC Gap Analysis Survey

The 2015 NCFHCC Gap Analysis Survey was designed to help the NCFHCC, Council of Regional Emergency Medical Services (COREMS) Task Force, and the North Central Florida Trauma Agency (NCFTA) determine how to help improve the emergency healthcare delivery system in North Central Florida.

The purpose of the NCFHCC Gap Analysis Survey was to identify what emergency care issues are of the greatest concerns in the region, what the key emergency care training needs are, and the region's level of preparedness for public health emergencies such as an outbreak of highly infectious diseases.

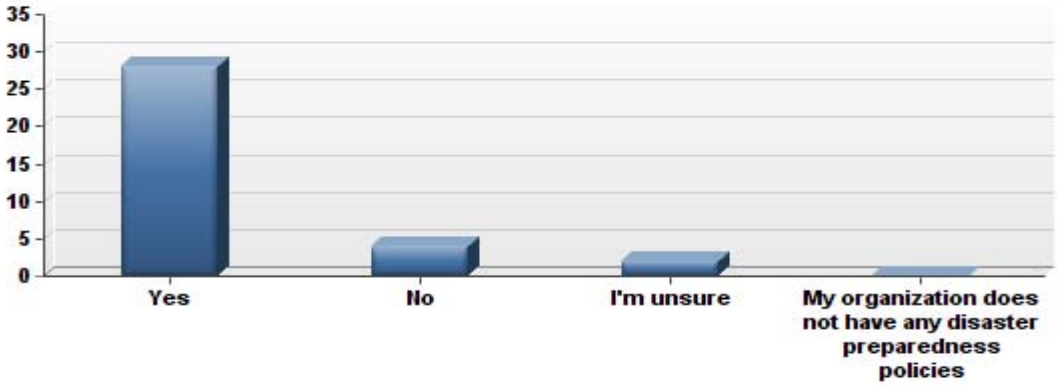
In total, 38 NCFHCC stakeholders and partners completed the survey. Survey respondents professions varied, but included the following: Medical Director, Preparedness Planner, Deputy Chief Fire Rescue, Regional Director, Educational Director, Trauma Program Director, TPM, EM and EMS Physician, Division Chief of EMS and Emergency Preparedness, Board Member NCFTA, Secretary in Maintenance Department, and Disaster Planner. Key findings are highlighted below.

Each survey participant was asked the following, “Does your organization have access to personal protective equipment (PPE) in the event of a highly infectious disease outbreak?” Overwhelmingly, the majority of participants (91%) have access to PPE; while, approximately 6% of participants reported not having access to PPE. Less than 5% of participants reported ambivalent responses.

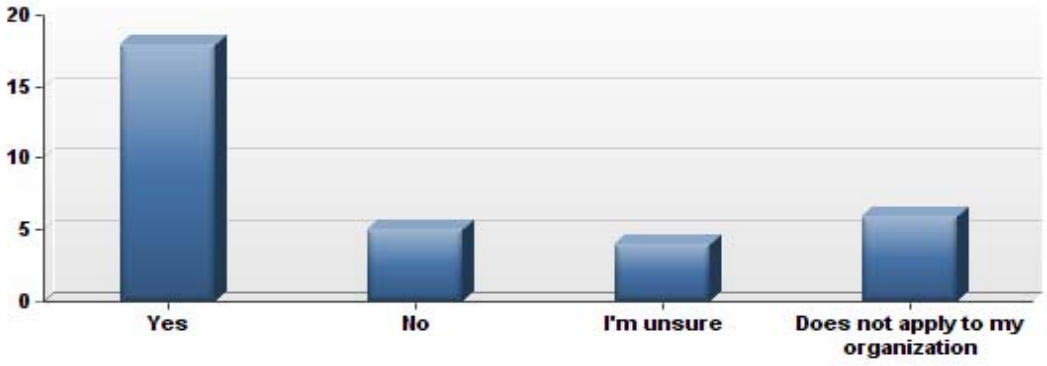


Participants were also asked, “Do you receive regular trainings on how to care for patients living with highly infectious diseases?” Although responses varied, more than half (62%) of participants reported receiving regular trainings; while nearly 30% of participants reported that they do not receive regular trainings. Respectively, less than 10% of participants reported “I’m unsure” or “Does not apply to my organization” to this item.

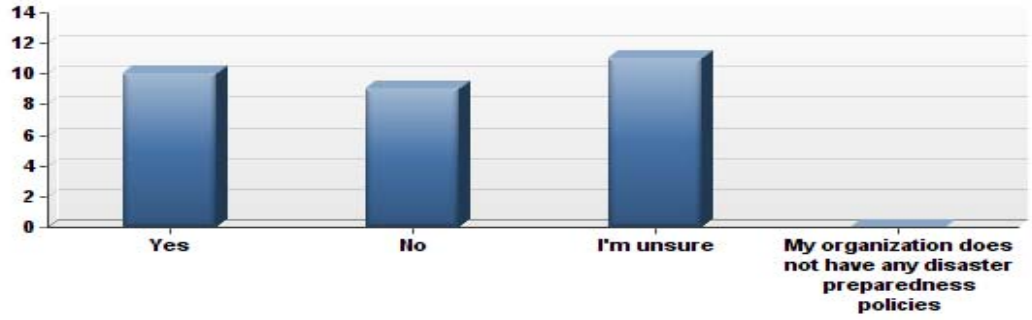
In addition, participants were asked, “Does your organization cover highly infectious diseases in its disaster preparedness policies?” Parallel to other findings, the majority (82%) of participants reported that highly infectious diseases were covered in their organizations disaster preparedness policies. In contrast, 12% of respondents reported that highly infectious diseases were absent in their organizations preparedness policies.



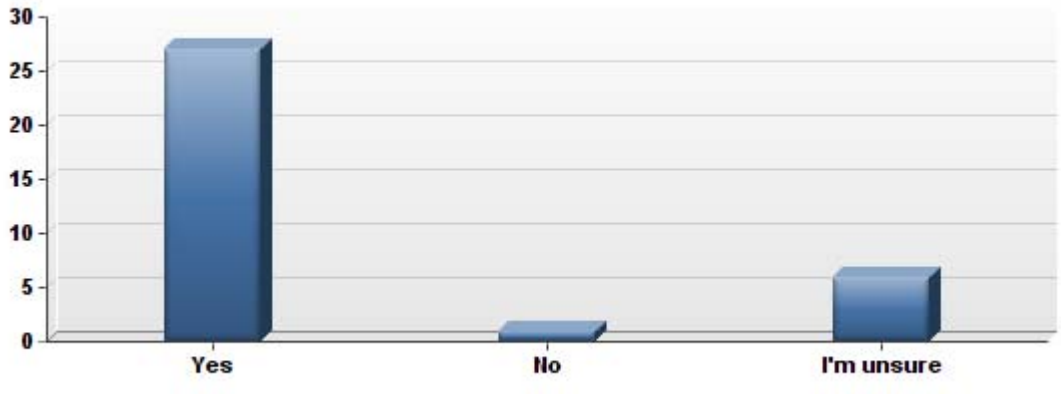
Isolation and quarantine are two components that are utilized to ensure that the transmission of a highly infectious disease is restricted. Therefore, we asked participants, “Does your organization have a designated room to quarantine and care for patients exposed to highly infectious diseases? Responses to this item varied significantly. 55% of participants reported having access to a quarantine room, 15% of participants expressed that they did not have a room designated for persons exposed to a highly infectious disease, while 12% of participants responded “I’m unsure” to this item. The remaining participants expressed that this question was not applicable to their organization.



Information technology has increasingly evolved into an avenue to quickly and effectively process information. Because cyber-infrastructure is generally threatened in the event of a disaster or large-scale emergency, we asked participants, “Does your organization cover Cybersecurity in its disaster preparedness policies?” Findings indicate that 33% of survey participants cover Cybersecurity in their disaster preparedness policies; while 30% of participants do not cover Cybersecurity in their preparedness policies. 37% of respondents were unsure if Cybersecurity is covered in their disaster preparedness policies.



Lastly, we asked participants, “Would your organization be willing to participate in a disaster preparedness table top that addresses a Cybersecurity and infectious disease scenario?” Overwhelmingly, the majority (79%) of participants reported “Yes,” 3% of participants reported “No,” while the remaining (18%) reported, “I’m unsure.”



Based on the responses above, NCFHCC, with its partners the NCFTA and COREMS, will be offering infectious disease and Cybersecurity table tops in 2016. These will be based on exercises developed in conjunction with the Global Institute for Cybersecurity Research and the Department of Homeland Security. These table tops should help participating in Region Three meet some of its training needs and will help identify additional gaps, strengths, and weaknesses in the region.

EXHIBIT 7

HCC After Action Report / Improvement Plan

Instructions: The AAR/IP must be completed in full. If more than one exercise was conducted, please complete an AAR/IP for each.

Name of Healthcare Coalition: North Central Florida Healthcare Coalition

Contract Number: COP43

Name of Exercise: US Department of Homeland Security Cyber Tabletop Exercise for the Healthcare Industry: Medical Surge and Cybersecurity Tabletop Exercise

Type of Exercise:

X Tabletop Exercise
☐ Full Scale Exercise
☐ Functional Exercise
☐ Actual Event

Was exercise coordinated by the Bureau of Preparedness & Response, Training and Exercise Program Unit ? ☐ Yes X No

Exercise/Incident Physical Location: Putnam County Emergency Operations Center

Lead Agency: North Central Florida Healthcare Coalition

Date of Incident/Exercise: May 26, 2016
Start Time: 5/26/2016
End Time: 5/26/2016

Duration of Exercise/Incident (days or hours): 1.5 hours

Exercise Planning Team Leadership

Point of Contact:

Exercise Director:
Name: Deborah Kobza
Title: President/CEO
Agency: The Global Institute for Cybersecurity + Research
Street Address: Astronaut Memorial Foundation Bldg., M6-306
City, State, Zip: Kennedy Space Center, FL 32899
Phone: 904.476.7858

EXHIBIT 7

HCC After Action Report / Improvement Plan

Email: Deborah.Kobza@giscr.org

Annual Training and Exercise Workshop:

Training & Exercise Workshop Conducted: Choose an item.

Reviewed and evaluated priorities based on needs, findings, and corrective actions of:

- X Exercises
- ☐ Real incidents
- ☐ Training
- ☐ Risk assessments
- ☐ Improvement plans from previous exercises
- ☐ Area(s) for improvement identified
- ☐ Identified associated target capabilities
- ☐ Other: Click here to enter text.

Planning Team *(name and organizational affiliation):*

NCFHCC

Participating Organizations:

Organization Name	Organization Type
Rural Health Partnership	Rural Health Network (Florida Statutes)
North Central Florida Trauma Agency	Trauma Agency (Florida Statutes)
Council of Regional EMS	EMS professional network
Department of Health Suwannee	Health Department
UFHealth Shands Gainesville	Health System
Lake Butler Hospital	Health System
Department of Health Putnam	Health Department
Florida Department of Health	State public health agency
Milla Pediatrics	Pediatric Rural Health Clinic
Professional Association of Health Care Office Management Gainesville	Professional Association
Board of County Commissioners	Local Government

EXHIBIT 7
HCC After Action Report / Improvement Plan

Scenario Type: Medical Surge and Cybersecurity

Scenario:
Summarize the scenario or situation initially presented to players, subsequent key events introduced into play, and the time in which these events occurred.

The purpose of this tabletop exercise (TTX) was to create an opportunity for stakeholders within the Healthcare and Public Health critical infrastructure sector in the State of Florida to enhance their understanding of key issues associated with a medical surge and focused cyber attack, including coordination and information sharing amongst private entities and government agencies in response to an attack.

Three exercises were facilitated focusing on Florida healthcare incident response and coordination with other internal and external entities to a potential medical surge and cyber attack. The intent of the exercises is to improve the overall response posture and collective decision-making processes (normal operations and medical surge).

For each exercise scenario, the following areas were explored and examined:

- Organizational and inter-organizational response and recovery
- Inter-organizational information sharing and collaboration mechanisms with the HPH sector during a cyber incident
- Improving the understanding of potential impacts and cascading effects cyber intrusions can have within the HPH sector
- Organizational response policies, plans and protocols – identifying potential gaps.

The exercises were a facilitated, scenario-driven discussion that allowed participants to interact in accordance with their respective responsibilities and expertise to coordinate their response to a significant cyber event. The scenarios are plausible and events occurred as they were presented.

Exercise Scenarios:

1. Vignette 1: Ebola Outbreak Medical Surge
    a. Vignette 1.1; Electronic Health Records/Electronic Medical Records (EHRs/EMRs)
    b. Vignette 1.2: Medical Device Malfunction

Each of the vignettes opened with a scenario that provided the general context for participants to identify and discuss major concerns and formulate responses to the situation described.

Using information provided in the scenarios including situational “injects”, participants responded to medical surge and cybersecurity issues related to the specific theme of the presented vignette. These discussions were guided by the exercise Facilitator who also managed the time allotted for each vignette.

Vignette 1.0: Ebola Outbreak – Medical Surge (30 minutes)

Opening Scenario:

At 7pm on Friday, a 23-yeard old male walked into the Emergency Dept. with a 3-day of fever (101.5), muscle pain, and severe body aches. Past medical history is unknown. Vital Symptoms: Temp (101.5), Headache, Muscle Pain, Abdominal Cramps

Discussion/Timeline:

Upon further investigation, it is learned that the patient’s illness started with light fever and aches, and that he recently arrived in Florida to attend college. His route from the Sierra Leone included flights to London, JFK, MCO (Orlando), and bus terminals to a Florida rural area.

What isolation procedures would be enacted?

What personal protective equipment measures are prepared for the staff?

Who needs to be contacted with this information?

What contact tracing questions would the patient be asked?

It's discovered through conversations with the patient's roommate that the patient's brother, in Sierra Leone died from Ebola.

The patient's roommate also is feeling very sick with severe stomach cramping, fever and has been rushed to the Emergency Dept. by fellow students

Other students have reported to the university medical office experiencing increasing symptoms from stomach cramping, fever and body aches.

The Florida Department of Health has been notified and contact tracking has begun.

The first patient has begun vomiting and fever remains elevated.

What additional considerations, screening measures and infection control and direction need to be taken.

The patient's roommate's initial epidemiological data has shown second generation infections.

The initial patient's condition continues to deteriorate.

The CDC has been consulted and has recommended transport for these two patients to occur within 24 hours.

How would you prepare patients for transport?

How will you manage disposal of patient waste?

How do you prepare for the additional patients?

How do you communicate with family members and the media?

Vignette I Injects:

Your IT Director has issued an immediate notification that an organization-wide malware ransomware attack has hit the hospital locking employees out of their computers

Your Emergency Management Director has issued an immediate notification that a cyber attack has hit the power grid impacting Florida and Alabama utilities and regions are beginning to experience blackouts. Your hospital will be losing power in 20 minutes.

Sub-Vignette 1.1: Corrupted Electronic Health Records / Electronic Medical Records (30 minutes)

Opening Scenario:

Your healthcare organization is a major trauma center that triages and treats patients. Patient care is captured, tracked and reviewed via a remotely accessible electronic health records/electronic medical records (EHR/EMR) system that provides real-time, point of care, patient-specific clinical data.

Several weeks ago the software on your EHR/EMR system was updated and despite some very minor initial problems, the system has been operating well. Today it is not.

Discussion/Timeline:

You are experiencing clinical support computers that are receiving data slowly, do not respond, or freeze. Patient care is increasingly delayed as physicians and clinicians authenticate and verify patient EHR/EMR information through labor intensive and time-consuming, downtime manual paper procedures. (e.g., patient questioning, contacting families).

Amidst the treatment of patients with corrupt EHRs/EMRs, the center becomes rapidly overwhelmed and as new patients arrive, only life-threatening emergencies are accepted for emergency department treatment. Trauma staff members are complaining that the EHR/EMR system has virtually ground to a halt and is unusable. Administrator priorities shift to reaffirming EHR/EMR data integrity

Sub-Vignette 1.1 Injects

In response to a high number of complaints of suspicious events and slow network speed, an investigation by the center's off-site IT services contractor discovers malware. The technicians determine that malicious code has infected multiple network-level servers, and possibly desktop and mobile work stations.

IT support concludes that the Web and main network servers are infected with a worm that has altered or erased an indeterminate quantity of data fields containing relevant patient health and treatment plan information.

Sub-Vignette 1.2: Medical Device Malfunction

Opening Scenario:

IT support concludes that the Web and main network servers are infected with a worm that has altered or erased an indeterminate quantity of data fields containing relevant patient health and treatment plan information.

Medical device activities that are outsourced include product design, prototyping, manufacturing, and supply chain management. Alongside these are challenges in regulatory compliance and certification that all components and products are authentic. The reliability and surety of devices are becoming an increasingly public issue. In the wake of several high-profile safety incidents, many manufacturers are taking additional steps to ensure that their products are both safe and effective. It has been reported that several devices with the ability to be reprogrammed remotely via wireless technology are used within your healthcare organization with suspect reliability.

Sub-Vignette 1.2: Inject:

A new generation of implantable cardioverter defibrillators (ICDs) manufactured by multiple companies with components made in the United States, Asia, and Europe are now used by many healthcare organizations, including your own. The new generation of ICDs is intended to offer improved reliability and safety over older models, and a "reasonable assurance of safety and effectiveness" is touted by the manufacturers.

Failure rates of the newer ICDs across all manufactures have been tracked as below traditional averages. The United States Food and Drug Administration (FDA) has identified firmware as the primary cause of device problems. To gain a competitive advantage, one manufacturer decides to update the firmware of its in-stock ICDs, and incentivizes physicians and suppliers to replace the non-updated implants with the safer, more reliable ICDs.

Several weeks after undergoing replacement of an implanted device, three very similar reports of "adverse events" – including one death – are reported by patients who received the updated ICD at your hospital.

Exercise Scenario – Conclusion and Hot Wash

For each of the Exercise Vignettes, the Conclusion and Hot Wash focused on:

- From exercise discussion, identified overall strengths and weaknesses, improvement options (recommendations)
- Participants completed feedback forms.

EXHIBIT 7
HCC After Action Report / Improvement Plan

Number of Participants: *Insert the total number of Provider participants of each of the following exercise participant categories:*
Players - 11
Controllers - 1
Evaluators - 1
Facilitators - 2
Observers - 1
Victim Role Players – This exercise represented a medical surge with cybersecurity exercise injects. Participants represented (role-played) and discussed response and recovery protocols, processes and procedures from a physical and cybersecurity perspective.

EXHIBIT 7

HCC After Action Report / Improvement Plan

When rating the performance of the exercise please rate according to the description provided below.	
Rating	**Description**
Performed without Challenges	Tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers and it was conducted in accordance with applicable plans, policies, procedures, regulations and/or laws.
Performed with Some Challenges, but Adequately	Tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers and it was conducted in accordance with applicable plans, policies, procedures, regulations and/or laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
Performed with Major Challenges	Tasks associated with the activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or, was not conducted in accordance with applicable plans, policies, procedures, regulations, and/or laws.
Not Performed	Tasks associated with the activity were not completed in a manner that achieved the objective(s).
N/A	The task was not performed because it was not part of the exercise scenario.
These ratings must be reflected in the Improvement Plan	

EXHIBIT 7

HCC After Action Report / Improvement Plan

I. Healthcare System Preparedness	Performed without challenges	Performed with some challenges	Performed with major challenges	Not Performed	N/A
1. The HCC functioned as a coordinated entity during the response.	X	☐	☐	☐	☐
2. Memoranda of Understanding or similar documents were used share resources during the exercise or event.	☐	☐	☐	☐	X
3. Healthcare responders had the necessary skills for the response.	X	☐	☐	☐	☐
4. Each hospital participated in the exercise or event.	X	☐	☐	☐	☐
5. At least one of the following members participated in the exercise or event:					
• Long Term Care Facility	☐	☐	☐	X	☐
• EMS Provider or Agency	X	☐	☐	☐	☐
• Community Health Center or Federally Qualified Health Center	☐	☐	☐	X	☐
• Local County Health Department	X	☐	☐	☐	☐
• A decision-making representative from each of the remaining HCC essential member partners.	X	☐	☐	☐	☐

If performed with challenges or not performed, briefly describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:
Start here:

The invited long-term care facilities did not attend, nor did any of the FQHCs. However, Rural Health Clinics and local government, two other groups of HCC essential member partners, were represented. NCFHCC will work even harder to recruit FQHCs and LTC representatives to the table tops next time.

Preparedness challenges identified and discussed:

For Ebola Medical Surge:

- Availability of Facilities (airborne isolation rooms – negative pressure)
- Availability of (location and number for required staff) appropriate chemical suits and respiratory equipment
- Staff Education – Training regarding contact tracing (patient travel history and geography)
- One participating hospital advised just last week someone called thinking they may have an Ebola patient – patient was placed in an airborne isolation room
- One participating hospital had an isolation box made out of PVC and plastic (gurney inside) in case hospital did not have isolation facilitations available.
- Procedures and communication (information sharing)to ensure that a hospital can take multiple patients.
- One participating hospital noted that is is difficult to get to an isolation area.
- Transport and change stations noted.
- Personal treating patients required to be in Tyvek suit and insulated with plastic barrier.
- Work needed on how medical surge or long-term patients would truly be handled. Need to plan and coordinate how many patients can be transported to the CDC in Atlanta.
- One hospital does not have air conditioning capability on the generator for loss of power in the location where the Ebola patients would be located
- Incident command activated hospital-wide to put runners in place.
- Beyond hospital (ordering food, meds) must be accessed)

- Messaging and communications need to be uniform
- Need capability to use state system to send out messages statewide
- Florida and Local Law Enforcement – May need to be looped in.

For cybersecurity sub-exercises and injects:

- One participating organization advised information about the back-up data center in Jacksonville for lock-out protection against a cyber attack.
- One participating hospital uses EPIC and can fail-over to their back-up location providing "read-only" access to patient EMRs/EHRs using the Citrix application for EPIC
- Many staff do not know how to use paper records anymore if electronic data access wasn't available. In many instances, paper form is not even available. Printed copies of patient records are not available.
- MyHealthStory Community Health Information Exchange (HIE) provides copies of patient health data (health summaries and demographics) that can be used on behalf of patient care in an emergency situation of this type (redundancy). Florida HIE may also have helpful data.
- The NCF Healthcare Coalition has a system where health-related information can be communicated. But unsure about communication of cyber issues.
- For one participating hospital, a mobile network can be set-up
- Disaster teams can be initiative – bringing in computers, networks and mobile stations
- Data network trailers (belong to AHCAs)
- Refer to the Health Department's list of mission critical functions which are reflected in COOP plans
- Need to define what is most important to get back up first? Email? Database?
- Need to determine if malware can cascade affecting other equipment or is it isolated on one network?
- Need to have plans to support if loss of power is lasting or escalating – Increased situational awareness
- EOC would be activated to assist in information sharing.
- Departments of Health locations have internal notification systems.
- If medical records attack, EKG machines are linked to EPIC medical records. Concern relayed that other systems could be affected.
- Some hospitals may have 1-2 computers available per nursing stations to back-up with a couple hours of data..
- Networks must be segregated. Production networks segmented.
- Assessment needs to be made on attack potential on phone communications.
- IV pumps to EKG equipment ultrasound ALL are Windows-based and vulnerable.
- MRI is still running on XP operating system, increasing vulnerability to cyber attacks.
- Robotics and surgery items are firewalled.

II. Healthcare System Recovery	**Performed without challenges**	**Performed with some challenges**	**Performed with major challenges**	**Not Performed**	**N/A**
6. The HCC took steps to communicate with local Emergency management regarding the importance of re-establishing essential services (including power, water, telephone, internet, dialysis, emergency medical care, pharmacy, etc.) during the exercise or event.	X	☐	☐	☐	☐
7. The HCC member organizations were able to successfully implement aspects of their Continuity of Operations Plan (COOP) during the exercise or event. Including:	X	☐	☐	☐	☐
• Billing for payment with healthcare insurers	X	☐	☐	☐	☐

• Use of electronic medical records	☐	☒	☐	☐	☐
• Maintaining daily operations including providing services to regularly scheduled patients not impacted by the exercise or event.	X	☐	☐	☐	☐
8. The HCC member organizations were able to successfully transition back to normal operating procedures at the end of the event or exercise.	X	☐	☐	☐	☐

If performed with challenges or not performed, briefly describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:
Start here:

The table top was performed by utilizing exercise injects as described in "Scenario Type." These injects occurred during exercise representation of normal operations in order to exercise actual events that can happen and how participants would respond. Improvements noted included improving internal and external information sharing, and for smaller healthcare organizations to address.

Exercise responses included the following action steps.

- Practice Drills (High)
- ID Potential Threats (High)
- Staff – Staff drops significantly for the night shift, but can recall staff (Medium)
- Contract local FLDOH to find/direct PT (Low)
- Understand Mission Critical Functions (High)
- Staff Training (High)
- Maintaining Situational Awareness to Support Recovery (High)

III. Emergency Operations Coordination	**Performed without challenges**	**Performed with some challenges**	**Performed with major challenges**	**Not Performed**	**N/A**
9. In-patient HCC member organizations were able to report their maximum patient bed capacity by type within four hours.	X	☐	☐	☐	☐
10. HCC member organizations that provide in-patient care were capable of surging 20% over the baseline established by the HCC.	X	☐	☐	☐	☐
11. If Patient Movement was tested, the HCC was able to communicate either need or available resources to local ESF8.	☐	☒	☐	☐	☐

If performed with challenges or not performed, briefly describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:
Start here:

Exercise responses included the below action steps (Priorities – High, Medium, Low). The group agreed that we need to better coordinate communications of need and available resources.

- Use EOC as Center of Communication for EPI/Cyber (High)
- Review PIO Trainings (depth/multiple (Low)
- Training related to planning for cyber threats (Medium)

- While many mass casualty plans/medical surge plans exist, coalition can "bridge the gap" by assisting in planning role to this subject (Medium)
- Identify and conduct appropriate vendors for IR (Medium)
- Continue to improve information security awareness (HIGH)
- Help develop IT cyber intrusion protocols (Medium)
- Train staff
- Meeting to develop medical surge and transport procedures for infectious diseases (High)
- Develop and implement cybersecurity and resilience policies (High)
- Communication and messaging policies for cyber threats (Medium)
- Increase time for table-top exercises (Medium)

IV. Fatality Management	**Performed without challenges**	**Performed with some challenges**	**Performed with major challenges**	**Not Performed**	**N/A**
13. HCC member organizations were able to implement individual Fatality Management plans.	☐	☐	☐	☐	X
14. HCC member organizations were able to coordinate short-term management of fatalities that overwhelm local morgue capacity.	☐	☐	☐	☐	X
15. The HCC was able to communicate the availability of morgue resources to local ESF8.	☐	☐	☐	☐	X

If performed with challenges or not performed, briefly describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:
Start here: Mass fatalities were not a part of this table top. The initiation of a medical surge was the concentration.

V. Information Sharing	**Performed without challenges**	**Performed with some challenges**	**Performed with major challenges**	**Not Performed**	**N/A**
16. HCC member organizations were able to communicate the following Essential Elements of Information (EEIs) to the HCC within the established time frames:					
• Facility operating status	X	☐	☐	☐	☐
• Facility structural integrity	X	☐	☐	☐	☐
• Evacuation plans vs. shelter-in-place	X	☐	☐	☐	☐
• Available resources (including staff, supplies, medications, equipment, etc.)	X	☐	☐	☐	☐
• Any immediate needs of the member organization	X				
17. HCC member organizations communicated using interoperable communications systems.	X	☐	☐	☐	☐
18. The HCC communicated HCC member organization EEI's to local ESF8 and the local county health department.	X	☐	☐	☐	☐
19. The HCC communicated the following to HCC member organizations, if applicable					
• Location of Family Assistance Centers (to include patient transfer locations and	☐	☐	☐	☐	☒

fatality management) • Status of essential healthcare services • Status of critical services, such as electric, water, sanitation, heating, etc. • Social distancing advisories • Boil water advisories • Vaccine administration protocols and points of distribution	☐ ☒ ☐ ☐ ☐ ☐	☐ ☒ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☒ ☒ ☒

If performed with challenges or not performed, briefly describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:
Start here:

Information sharing communications were addressed regarding communications with internal and external organizations to respond to the medical surge and the cybersecurity exercise injects included a central hospital facility being:

- Attacked by ransomware resulting in employees being locked out of computers
- Electronic health records/electronic medical records computer functionality degradation from malicious code that infected multiple network-level sensors, desktop, and mobile workstations
- Loss of data containing relevant patient health and treatment plan information
- Medical Device malfunction and failures – Communication/information sharing with local/state/FDA, patients and the media – responding to adverse events including one death who had received the medical device at the hospital
- Depending upon communications and information sharing with internal and external resources to compensate for loss of computer functionality and data loss (communications with off-site back-up computer centers, staff

Critical services such as electric, water, sanitation, and heating was addressed; however, there were issues identified such as having to keep Ebola patients in place at Shands if the power went out and having to move in A/C units to keep those patients comfortable because the generators are not hooked up to the A/C system in the North Tower (where the isolation beds are).

VI. Medical Surge	**Performed without challenges**	**Performed with some challenges**	**Performed with major challenges**	**Not Performed**	**N/A**
20. HCC member hospitals implemented Crisis Standards of Care per their Emergency Operations Plan.	X	☐	☐	☐	☐
21. HCC member hospitals and other in-patient member facilities decompressed to achieve bed availability 20% above the HCC-established baseline.	X	☐	☐	☐	☐
22. The process for HCC member organizations to request and receive resources (such as equipment, supplies, pharmaceutical caches, and staff) was successfully executed.	☐	X	☐	☐	☐

If performed with challenges or not performed, briefly describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:
Start here:

Organizations other than perhaps Shands, particularly rural ones, have a hard time understanding which PPEs they need. They also don't have the epidemiology resources they need in place and will be leaning heavily on Alachua Department of Health. The other organizations planned to use first responders to address Ebola medical surge situations; however, testing and training of proper PPE and PPE use is costly and time-intensive. It's something that the NCFHCC needs to help the service area address.

EXHIBIT 7

HCC After Action Report / Improvement Plan

Exercise responses included the following action steps. (Priorities – High, Medium, Low)

- Meeting to develop medical surge and transport procedures for infectious diseases (High)

VII. Responder Safety and Health	Performed without challenges	Performed with some challenges	Performed with major challenges	Not Performed	N/A
23. HCC member organizations had adequate and proper function Personal Protective Equipment to respond to the exercise or event.	☐	☐	X	☐	☐
24. HCC Behavioral/Mental Health member organizations were able to provide emergency and psychological medical care when needed.	☐	☐	☐	☐	X
25. The HCC had access to adequate post-exposure prophylaxis.	☐	X	☐	☐	☐

If performed with challenges or not performed, briefly describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:
Start here:

Organizations need to work in the area of understanding what PPE is appropriate for their responsibilities.

VIII. Volunteer Management	Performed without challenges	Performed with some challenges	Performed with major challenges	Not Performed	N/A
26. The HCC performed the following:					
• Identify and roster volunteers	☐	☐	☐	☐	X
• Receive volunteers	☐	☐	☐	☐	X
• Determine volunteer affiliation	☐	☐	☐	☐	X
• Confirm volunteer credentials	☐	☐	☐	☐	X
• Assign roles and responsibilities to volunteers	☐	☐	☐	☐	X
• Provide just-in-time training to volunteers	☐	☐	☐	☐	X
• Track volunteers	☐	☐	☐	☐	X
• Out-process volunteers	☐	☐	☐	☐	X

If performed with challenges or not performed, briefly describe: the challenges that occurred, why they occurred and potential improvements. If this task was not exercised, explain why:
Start here: Volunteers were not discussed for the Ebola medical surge or cybersecurity threat scenarios. Volunteers have not yet been addressed because specialized first responders are initially to be used for this highly contagious condition.

Exercise Events Summary & Conclusion

INSTRUCTIONS: This section must summarize what actually happened during the exercise in a timeline format (i.e., the actions that were actually presented to the players and the actions the players took during the exercise).

EXHIBIT 7

HCC After Action Report / Improvement Plan

Provide a conclusion describing the overall exercise as successful or unsuccessful, and briefly state the areas in which subsequent exercises should focus.

Start here: The purpose of this tabletop exercise (TTX) was to create an opportunity for stakeholders within the Healthcare and Public Health critical infrastructure sector in the State of Florida to enhance their understanding of key issues associated with a medical surge and focused cyber attack, including coordination and information sharing amongst private entities and government agencies in response to an attack.

EXHIBIT 7

HCC After Action Report / Improvement Plan

Exercise Events Summary:

Over a 90-minute period, three exercises were facilitated focusing on Florida healthcare incident response and coordination with other internal and external entities to a potential medical surge (Ebola) and cybersecurity attacks and loss of functionality . The intent of the exercises is to improve the overall response posture and collective decision-making processes (normal operations and medical surge).

For each exercise scenario, the following areas were explored and examined:

- Organizational and inter-organizational response and recovery
- Inter-organizational information sharing and collaboration mechanisms with the HPH sector during a cyber incident
- Improving the understanding of potential impacts and cascading effects cyber intrusions can have within the HPH sector
- Organizational response policies, plans and protocols – identifying potential gaps.

The exercises were a facilitated, scenario-driven discussion that allowed participants to interact in accordance with their respective responsibilities and expertise to coordinate their response to a significant cyber event. The scenarios are plausible and events occurred as they were presented.

Exercise Scenarios:

Vignette 1: Ebola Outbreak Medical Surge

Vignette 1.1; Electronic Health Records/Electronic Medical Records (EHRs/EMRs)

Vignette 1.2: Medical Device Malfunction

Exercise Events and Timeline:

Time allotted for this exercise: 90 minutes.

Each of the vignettes opened with a scenario presented by the Facilitator that provided the general context for participants to identify and discuss major concerns and formulate responses to the situation described.

Participants were divided into two groups, each group discussing the scenarios and injects as they occurred, and how each organization and individual participating in the exercise would respond.

Using information provided in the scenarios including situational “injects”, participants responded to medical surge and cybersecurity issues related to the specific theme of the presented vignette. These discussions were guided by the exercise Facilitator who also managed the time allotted for each vignette.

Conclusion:

At the conclusion of the individual group discussions for each of the exercise vignettes, each group then presented to the group as whole for further discussion of current state and opportunities for improvement.

The overall exercise was successful having brought forth discussion around current state response and recovery and opened up areas, previously not addressed with regard to cybersecurity – areas needing to be addressed and improved. Exercise results from participants indicated a good realistic scenario and that more exercise time was needed and desired.

Participant Exercise Rating:

The exercise was well structured and organized: (4.6)
The exercise scenario was plausible and realistic: (4.7)
The multimedia presentation helped the participants understand and become engaged in the scenario: (4.7)
The facilitator(s) was knowledgeable about the material, kept the exercise on target, and was sensitive to group dynamics: (4.8)
The Situation Manual used during the exercise was a valuable tool throughout the exercise: (4.1)

Participation in the exercise was appropriate for someone in my position: (4.4)
The participants included the right people in terms of level and mix of disciplines: (4.3)

EXHIBIT 7

HCC After Action Report / Improvement Plan

Major Strengths

INSTRUCTIONS: Please provide at least 3 major strengths of the exercise using the SMART format (specific, measurable, achievable, realistic, and time-framed).

Start here:

Medical Surge Triage

Situational Awareness and Coordinated Response Information Sharing

Response Plans / Business Continuity

Primary Areas for Improvement (Must be included in Improvement Plan)

INSTRUCTIONS: Please provide at least 3 primary areas for healthcare coalition improvement using the SMART format (specific, measurable, achievable, realistic, and time framed).

Start here:

Each of the areas of improvement defined below are specific, measurable, realistic and have a time-frame that will be needed for improvement.

Improve Response Communications (By June 2017)

- Improve communication among providers and emergency management regarding responsibilities
- Development regional response plan for cyber threat
- Many existing response plans can provide a framework for response to medical surge and cybersecurity
- Interdependent communication
- Outside contracts and contacts with Incident Response providers

Perform Additional Cybersecurity Trainings (By June 2017)

- Cybersecurity is not something we have done before. Good to have a new topic to discuss. Not enough time to go through each scenario – needed more time for the exercise.
- Possible need for a regional emergency information tech trailer
- Plans for cyber attacks
- Cybersecurity plan development
- Improve staff knowledge of IT vulnerabilities
- Improve - Equipment manufacturer information security
- Improve Vendor Cybersecurity Assurance
- Improve Medical Device Cybersecurity
- Improve FDA Medical Device Manufacturer Cybersecurity - Compliance

Business Continuity (By June 2017)

- How to revert to using paper backup to loss of IT system (This particular one is important for health systems that are using electronic records.)

EXHIBIT 7

HCC After Action Report / Improvement Plan

Additional action steps that should be taken to address the issues identified above. For each action step, indicate if it is a high, medium, or low priority.

Responses included:

- Practice drills **HIGH**
- ID Potential Threats **HIGH**
- Our staff drops significantly for night shift. But can recall staff **MEDIUM**
- Should be simple enough to contract our local FLDOH to find/direct PT **LOW**
- Use EOC as center of communication for EPI/Cyber **HIGH**
- Understand Mission Critical Functions **HIGH**
- Review PIO trainings (depth/multiple) **LOW**
- Training related to planning for cyber threats **MEDIUM**
- While many mass casualty plans/medical surge plans exist, coalition can "bridge the gap" by assisting in a planning role to this subject **MEDIUM**
- Identify and conduct appropriate vendors for IR **MEDIUM**
- FDA needs to encourage vendors to improve security **HIGH**
- Continue to improve information security awareness **HIGH**
- Provide PPT info and exercise to partners for them to use within their own organization **MEDIUM**
- Get with the correct people **HIGH**
- Help develop IT cyber intrusion protocols **MEDIUM**
- Train staff **LOW**
- Meeting to develop medical surge + transport procedures for infectious diseases **HIGH**
- Cybersecurity + resilience policies (other than SHANDS none are in place) **HIGH**
- Communication + messaging policies for cyber threats **MEDIUM**
- Have 5-10 more minutes for tabletop **MEDIUM**

Corrective actions that relate to areas of responsibility. Who should be assigned responsibility for corrective actions?

Responses included:

- Emergency Management @ UF Health
- ALL STAFF! Especially triage and clerks
- Utilization of our notification and recall list to have appropriate staff
- HIC report findings to DOH representative
- MCF (review each year but make it scenario-based)—Planner/SLT
- Develop communications plans and scripts for scenarios—PIO/Planner
- Review infections disease transport protocol
- Development of cyber response plan— NCFHCC with assistance of Global Forum
- Cyber preparedness training—NCFHCC
- Medical surge planning—NCFHCC
- IT—NCFHCC
- Planning/Training—NCFHCC
- Medical surge + transportation policies for infectious disease—NCFHCC
- Cyber resilience readings—CommunityHealth IT/ Global Forum
- Communication + messaging—NCFHCC

EXHIBIT 7
HCC After Action Report / Improvement Plan

Policies, plans, and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

Responses included:

- Triage/screening procedures with staff **MEDIUM**
- Staffing- will always be an ongoing issue **MEDIUM**
- Communication with DOH. Ensure correct contact information is up to date **MEDIUM**
- COOP **HIGH**
- Use of tabletops/presentations to prepare team **HIGH**
- NCFHCC All-Hazards Plan **LOW**
- NCFHCC COOP or development of MEF **MEDIUM**
- NCFHCC medical surge plan **HIGH**
- Review of IR procedures and policy **MEDIUM**
- Continue risk assessment process **HIGH**
- Plans for cyber attacks
- Develop IT cybersecurity plan
- Cyber resilience roadmap **HIGH**
- COOP for NCFHCC-add cyber **HIGH**
- FLDOH transport for Ebola **HIGH**

EXHIBIT 7

HCC After Action Report / Improvement Plan

After Action Report (AAR) Improvement Plan Matrix

Capability	Corrective Action Title	Recommendation	Corrective Action Description	Primary Responsible Agency	Agency POC	Start Date	Completion Date
1: Information Sharing	1. Information Sharing Plan (Addition to Communication Plan)	1. NCFHCC will lead region in information sharing trainings and meetings.	Results of those meetings will be put into a Information Sharing Plan and will become part of the Communications Plan	NCFHCC	Kendra Siler-Marsiglio	Aug 2016	Jun 2017
2. Medical Surge	2. Coordinate Patient Transport Plan with Medical Surge Planning	2. Ensure that the disaster and emergency preparedness stakeholders are informed about FLDOH patient transport protocols.	NCFHCC will ensure that the disaster and emergency preparedness stakeholders are informed about FLDOH patient transport protocols.	NCFHCC	Tony McLaurin	Aug 2016	Jun 2017
3. Volunteer Management	3. Define areas where volunteers can be used for medical surge caused by a highly infectious disease	3. NCFHCC can hold meetings to discuss the appropriate uses of volunteers for highly infectious disease disasters.	If areas are identified for volunteers, then NCFHCC will inform the region about these appropriate uses.	NCFHCC	Tony McLaurin	Aug 2016	Jun 2017
4. Choose an item.	3. Observation from Primary Areas for Improvement	4. Insert Recommendation	Insert Corrective Action	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
5. Choose an item.	3. Observation from Primary Areas for Improvement	5. Insert Recommendation	Insert Corrective Action	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Exhibit 6
Hazard and Vulnerability Analysis

INSTRUCTIONS:

Evaluate potential for event and response among the following categories using the hazard specific scale.

Issues to consider for **probability** include, but are not limited to:

1 Known risk
2 Historical data
3 Manufacturer/vendor statistics

Issues to consider for **response** include, but are not limited to:

1 Time to marshal an on-scene response
2 Scope of response capability
3 Historical evaluation of response success

Issues to consider for **human impact** include, but are not limited to:

1 Potential for staff death or injury
2 Potential for patient death or injury

Issues to consider for **property impact** include, but are not limited to:

1 Cost to replace
2 Cost to set up temporary replacement
3 Cost to repair

Issues to consider for **business impact** include, but are not limited to:

1 Business interruption
2 Employees unable to report to work
3 Customers unable to reach facility
4 Company in violation of contractual agreements
5 Imposition of fines and penalties or legal costs
6 Interruption of critical supplies
7 Interruption of product distribution

Issues to consider for **preparedness** include, but are not limited to:

1 Status of current plans
2 Training status
3 Insurance
4 Availability of back-up systems
5 Community resources

Issues to consider for **internal resources** include, but are not limited to:

1 Types of supplies on hand
2 Volume of supplies on hand
3 Staff availability
4 Coordination with MOB's

Issues to consider for **external resources** include, but are not limited to:

1 Types of agreements with community agencies
2 Coordination with local and state agencies
3 Coordination with proximal health care facilities
4 Coordination with treatment specific facilities

Complete all worksheets including Natural, Technological, Human and Hazmat. The summary section will automatically provide your specific and overall relative threat.

HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	ion, Inc. COP43	*0 - 100%*
Hurricane	2	2	2	2	1	1	2	**37%**
Tornado	2	2	2	2	2	2	3	**48%**
Severe Thunderstorm	2	2	2	2	2	2	3	**48%**
Snow Fall	1	1	1	1	3	3	3	**22%**
Blizzard	0	0	0	0	0	0	0	**0%**
Ice Storm	1	1	1	1	3	3	3	**22%**
Earthquake	1	1	1	1	3	3	3	**22%**
Tidal Wave	1	1	1	1	3	3	3	**22%**
Temperature Extremes	2	2	2	2	3	3	3	**56%**
Drought	2	2	2	2	3	3	3	**56%**
Flood, External	3	3	3	3	2	2	3	**89%**
Wild Fire	3	3	3	3	1	1	2	**72%**
Landslide	2	2	2	2	3	3	3	**56%**
Dam Inundation	1	1	1	1	3	3	3	**22%**
Volcano	0	0	0	0	0	0	0	**0%**
Epidemic	2	2	2	2	2	2	2	**44%**
AVERAGE SCORE	**1.56**	**1.56**	**1.56**	**1.56**	**2.13**	**2.13**	**2.44**	**33%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.33	**0.52**	**0.63**

HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Electrical Failure	2	0	0	1	0	3	2	**22%**
Generator Failure	1	0	1	1	0	3	0	**9%**
Transportation Failure	1	0	0	0	0	3	2	**9%**
Fuel Shortage	1	0	1	1	0	3	2	**13%**
Natural Gas Failure	1	0	1	1	0	3	2	**13%**
Water Failure	2	0	1	1	0	3	2	**26%**
Sewer Failure	1	0	1	3	0	3	2	**17%**
Steam Failure	0	0	0	0	0	3	2	**0%**
Fire Alarm Failure	1	0	1	1	0	3	2	**13%**
Communications Failure	2	0	3	3	0	3	2	**41%**
Medical Gas Failure	0	0	0	0	0	3	0	**0%**
Medical Vacuum Failure	0	0	0	0	0	3	0	**0%**
HVAC Failure	2	0	2	2	0	3	0	**26%**
Information Systems Failure	3	0	3	3	0	3	2	**61%**
Fire, Internal	2	1	3	3	0	3	2	**44%**
Flood, Internal	1	0	1	2	0	3	2	**15%**
Hazmat Exposure, Internal	2	1	1	2	0	3	2	**33%**
Supply Shortage	2	0	1	2	0	3	2	**30%**
Structural Damage	1	1	1	1	0	3	0	**11%**
AVERAGE SCORE	**1.32**	**0.16**	**1.11**	**1.42**	**0.00**	**3.00**	**1.47**	**17%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.17	**0.44**	**0.40**

HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Mass Casualty Incident (trauma)	2	2	0	1	2	2	3	**37%**
Mass Casualty Incident (medical/infectious)	2	2	0	2	2	2	3	**41%**
Terrorism, Biological	1	1	0	2	3	3	3	**22%**
VIP Situation	1	1	0	1	3	3	0	**15%**
Infant Abduction	3	3	0	0	2	2	0	**39%**
Hostage Situation	1	2	0	2	3	3	0	**19%**
Civil Disturbance	2	1	1	2	2	2	0	**30%**
Labor Action	1	1	0	1	3	3	0	**15%**
Forensic Admission	1	1	0	1	3	3	0	**15%**
Bomb Threat	2	3	3	3	2	2	0	**48%**
AVERAGE	**1.60**	**1.70**	**0.40**	**1.50**	**2.50**	**2.50**	**0.90**	**28%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.28	**0.53**	**0.53**

HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS

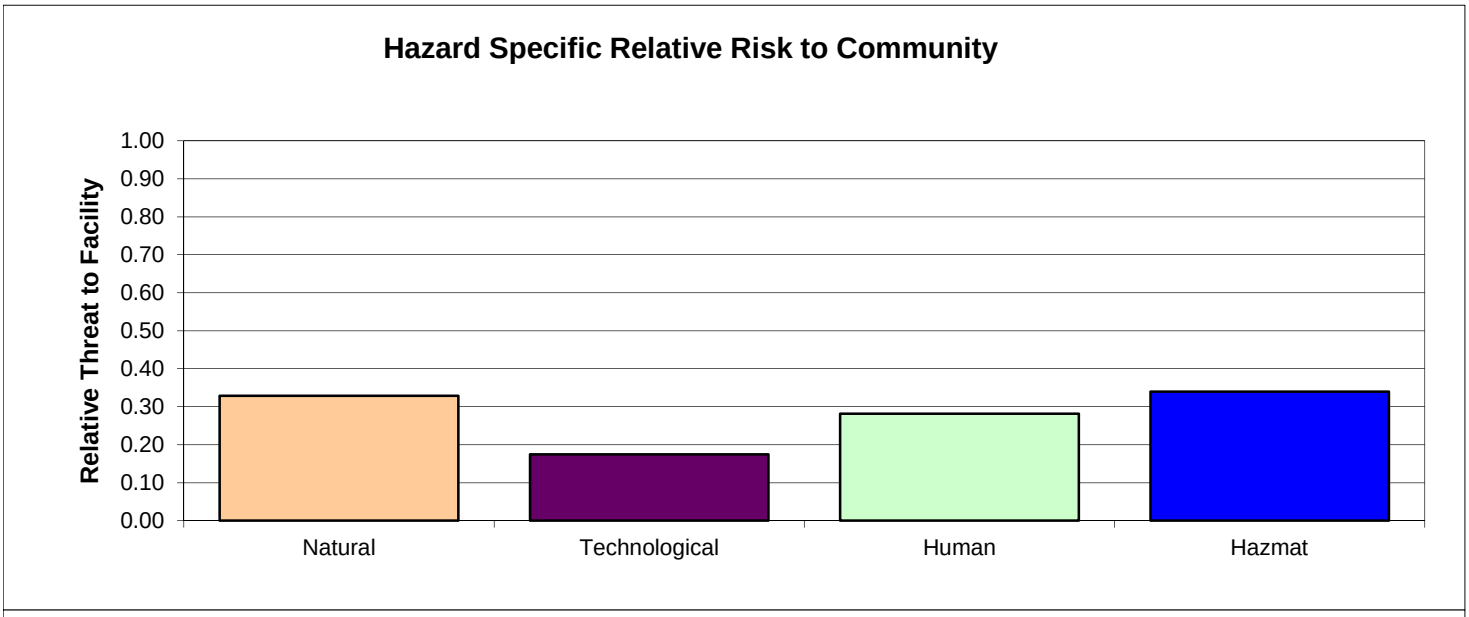
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Mass Casualty Hazmat Incident *(From historic events at your MC with >= 5 victims)*	2	3	0	0	2	2	3	**37%**
Small Casualty Hazmat Incident *(From historic events at your MC with < 5 victims)*	3	3	0	0	2	2	3	**56%**
Chemical Exposure, External	2	3	0	0	3	2	3	**41%**
Small-Medium Sized Internal Spill	2	3	1	1	0	2	3	**37%**
Large Internal Spill	2	3		1	0	2	3	**33%**
Terrorism, Chemical	1	3	1	1	3	2	3	**24%**
Radiologic Exposure, Internal	1	3	0	1	3	2	3	**22%**
Radiologic Exposure, External	1	3	0	1	3	2	3	**22%**
Terrorism, Radiologic	1	3	0	1	3	2	3	**22%**
AVERAGE	**1.67**	**3.00**	**0.22**	**0.67**	**2.11**	**2.00**	**3.00**	**34%**

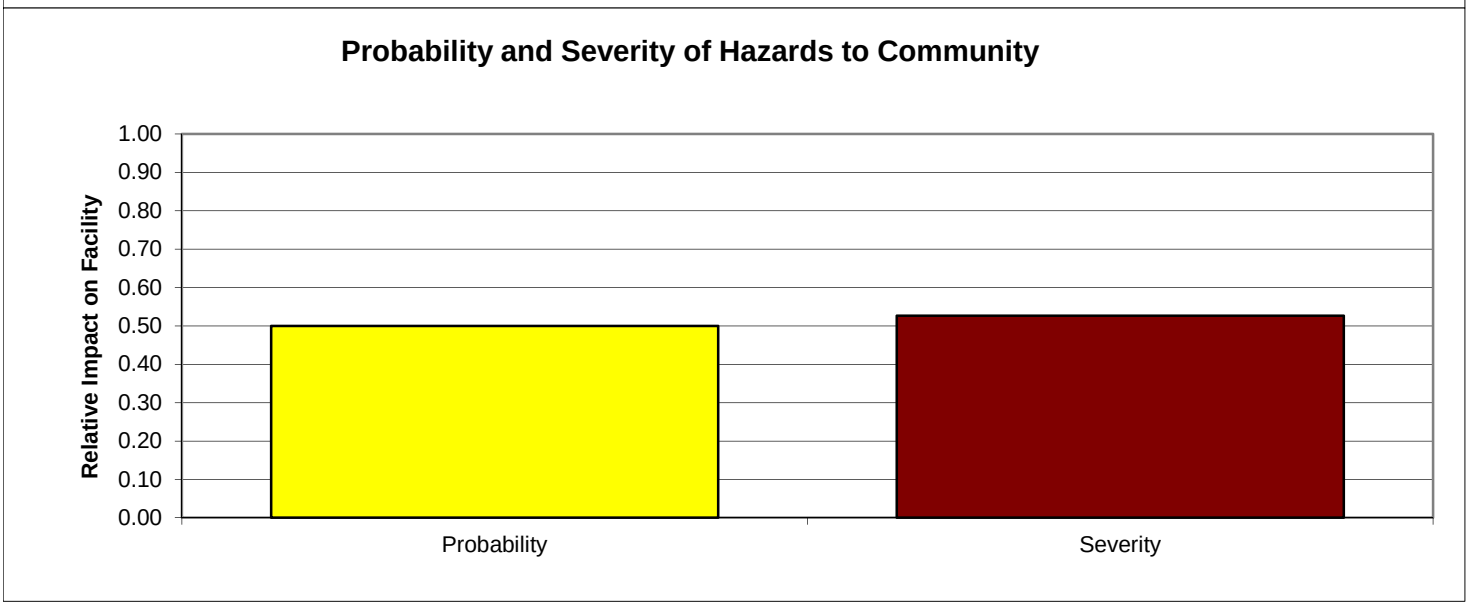
**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.34	**0.56**	**0.61**

SUMMARY OF HAZARDS ANALYSIS

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	**0.52**	**0.44**	**0.53**	**0.56**	**0.50**
Severity	**0.63**	**0.40**	**0.53**	**0.61**	**0.53**
Hazard Specific Relative Risk:	**0.33**	**0.17**	**0.28**	**0.34**	**0.26**





Florida Health Care Coalitions

Tasks At-A-Glance By Quarter

2016-2017

Please refer to key below for desciption of abbreviations.

Quarter 1 Service agreement
July 1 - September 30, 2016

T1 Develop Work Plan - Due 7/18
E4 Sample Work Plan

T2 Update Work Plan - Due 9/15
E4 Sample Work Plan

T3 Participate in HCC and TF Meetings - Due 9/15
Summary Report

T4 Communication Capability Test - Due 9/15
E5 Communications Capability Test Sample

T5a Identify resources for MRP - Due 9/15
E6 Deployable Resources / MRPs

E8 and Invoice Letter

Quarter 2 Service agreement
October 1 - December 31, 2016

T2 Update Work Plan - Due 12/15
E4 Sample Work Plan

T3 Participate in HCC and TF Meetings - Due 12/15
Summary Report

T4 Communication Capability Test - Due 12/15
E5 Communications Capability Test Sample

T5b Initial Draft of MRP - Due 12/15
E6 Deployable Resources / MRPs

E8 and Invoice Letter

Quarter 3 Service agreement
January 1 - March 31, 2017

T2 Update Work Plan - Due 3/16
E4 Sample Work Plan

T3 Participate in HCC and TF Meetings - Due 3/16
Summary Report

T4 Communication Capability Test - Due 3/16
E5 Communications Capability Test Sample

T5c Second Draft of MRP - Due 3/16
E6 Deployable Resources / MRPs

T7 TEPW Exercise - Due 1/30
E7 MYTEP Report

E8 and Invoice Letter

Quarter 4 Service agreement
April 1 - June 30, 2017

T2 Update Work Plan - Due 6/15
E4 Sample Work Plan

T3 Participate in HCC and TF Meetings - Due 6/15
Summary Report

T4 Communication Capability Test - Due 6/15
E5 Communications Capability Test Sample

T6 Final MRP - Due 6/15
E6 Deployable Resources / MRPs

T8 HSEEP Fx or FS Exercise - Due 5/30
See FEMA or DOH website for HSEEP Guidance

T9 AAR/IP - Due 5/30
AAR-IP Template

T10 FS Exercise and HSEEP Related Components Due 5/1
See FEMA or DOH website for HSEEP Guidance

T11 ASPR HPP Survey Due 6/30 or 10 days post reciept
ASPR Survey and NIMS Exhibit

E8 and Invoice Letter

T# = Task Number from Contract
E# = Exhibit Number (Sample of required documentation)
NOTE: If any one item is submitted after the due date, there may be financial consequences.

Completed

Partially Completed

Copy of Tasks and Deliverables.xlsx