



**Health Care Coalition Task Force
Guiding Principles**

Adopted: January 17, 2019

ARTICLE 1 – NAME

The name of the body shall be known as the Health Care Coalition Task Force (HCCTF).

ARTICLE 2 – PURPOSE

The purpose of the HCCTF is to work collaboratively to impart knowledge, expertise, advice, support and recommendations to healthcare coalitions, the Florida Department of Health's (FDOH) Bureau of Preparedness and Response (BPR), and the Strategic Planning Oversight Team (SPOT), as it relates to coalition development and sustainment in Florida, with the goal of building and strengthening local, regional and state health care capacity and capability in the event of an emergency or disaster.

ARTICLE 3 – VISION

Florida's health care coalitions are highly performing and sustainable.

ARTICLE 4 – RESPONSIBILITIES

The HCCTF’s responsibilities include: prioritization of strategies, sharing best practices; working collaboratively on common projects/programs; making recommendations to BPR on program deliverables and activities; monitoring the progress of objectives and program deliverables; advise and communicate data and information supportive of local, regional and state health and medical preparedness system; and communicating with coalition members and stakeholders regarding direction and progress of healthcare coalition development and sustainment.

The HCCTF will also assist BPR in ensuring alignment with federal and state domestic security priorities and strategies.

ARTICLE 5 - COMPOSITION AND MEMBERSHIP

A. Definition of Membership

The HCCTF membership shall be comprised of no more than two (2) representatives from each of Florida’s health care coalitions as outlined in APPENDIX 1, and subject matter experts to represent FDOH, hospitals, emergency management, public health, mental/behavioral health, long-term care and emergency medical services. HCCTF members may have input into subject matter expert appointments.

A list of members and their respective role on the HCCTF is incorporated as APPENDIX 2: Healthcare Coalition Task Force (HCCTF) Membership.

All HCCTF voting members are required to disclose any potentially perceived conflict of interest in which they have a direct monetary interest not common to other HCCTF members (as

referenced in Article 6). Members shall recuse themselves from a vote where a conflict may be present.

Subject matter experts may participate in HCCTF activities and meetings as necessary or by invitation by the co-leads in affiliation with any of the defined sub-committees described in Article 9 of this document.

B. Term of Appointment

The term of each coalition member position shall be determined by their representative coalition. Subject matter experts shall serve at the discretion of the co-leads of the HCCTF. Membership shall be reconfirmed, in writing, annually at the beginning of each fiscal year (July 1), or as necessary due to vacancies.

C. Membership Compensation

Coalition representatives are compensated or reimbursed for travel expenses for their participation as HCCTF members through the coalition which he or she represents. Subject matter experts may be reimbursed for per diem and travel expenses incurred through the conduct of HCCTF business under the rules and regulations of the state of Florida and based on the availability of funding. All HCCTF members travel reimbursement requests must be pre-approved and must be in compliance with State of Florida travel procedures.

D. Attendance

Coalition Representatives shall be actively involved in the HCCTF activities and business.

Those coalition representatives that demonstrate an absenteeism rate totaling 75 percent of meetings in any fiscal year or three (3) consecutive meetings; or, are similarly absent from 50 percent of conference calls or any other form of meeting the HCCTF co-leads may request a replacement representative.

If a member determines they cannot represent their coalition on a regular basis, they should notify the co-leads in writing and indicate a replacement. Any replacement must adhere to all criteria stated in these guiding principles.

E. Voting

Each coalition shall have the right to vote but for the purpose of decision making, only one vote per domestic security region shall be counted. At the start of every fiscal year, concurrent with documenting the representing members, each coalition shall likewise establish the primary and secondary voting member. Regions with more than one coalition within its geographical boundaries shall designate, in writing to the co-leads, a three-deep prioritized roster of the regional coalition members whose vote is to be recorded at the beginning of each fiscal year (July 1). Regions shall be afforded time to establish a consensus before a vote is cast.

Subject matter experts have a voice but not a vote.

F. Proxy Representation

A proxy is defined as “the agency, function, or power of a person authorized to act as the deputy or substitute for another.”

If the all designated voting members in a coalition are unavailable for a given meeting, a proxy can be named. A proxy should be knowledgeable about the business of the coalition they are representing and be able to speak as a representative of said coalition.

If a coalition wishes to designate a proxy, they must do so in writing electronically to either co-lead prior to the Call to Order of a scheduled conference call or face-to-face meeting. Failure to notify either of the co-leads of a proxy designation before the Call to Order of the impacted meeting will nullify that coalition’s vote and the person attending will be allowed a voice only during the meeting.

A proxy’s term shall not extend beyond the adjournment of the meeting in question.

A proxy is not meant to be a permanent replacement for a HCCTF member. A proxy may only be designated for 50 percent of meetings in any fiscal year or two (2) consecutive meetings; or, be used for 50 percent of conference calls or any other form of meeting.

The solicitation of proxies from voting members is prohibited. Solicited proxies will not be accepted. No voting interest shall hold or exercise proxies for more than one voting member in any meeting.

ARTICLE 6 – TRANSPARENCY

To protect the integrity of the HCCTF and to ensure transparency, members will disclose potential conflicts of interest on an annual basis and recuse themselves from discussions and voting on matters related to such conflicts.

At the first face-to-face meeting of each fiscal year, BPR will present to the HCCTF membership its annual budget and workplan and each coalition will present its annual workplan.

ARTICLE 7 – LEADERSHIP DUTIES

A. Leadership

The HCCTF will be led by two co-leaders for the duration of this program. These standing positions shall be filled by the Community Preparedness Program lead and a representative from the Florida Hospital Association.

B. Duties

The co-leads shall preside at regular and special meetings of the HCCTF. The co-leads shall conduct the meetings in accordance with standard parliamentary procedure and provide all members the opportunity to be heard.

C. Vacancies

Any vacancies in the above offices shall be filled by the BPR after consideration of recommendations from the HCCTF. Any vacancies in the HCCTF membership shall be filled by the representative coalition at the next scheduled meeting.

ARTICLE 8 – MEETINGS

A. Meeting Frequency

The HCCTF shall meet via teleconference monthly. The HCCTF shall also meet at least biannually at a face-to-face meeting (based on available funding). Additional meetings (virtual or face-to-face) may be held as necessary at the discretion of HCCTF. Meeting dates and times shall be voted upon by the HCCTF.

B. Meeting Agenda

The HCCTF co-leads shall solicit the HCCTF members before determining the agenda of all meetings. Minutes of the meeting shall be posted on the FDOH Health Care Coalition SharePoint website and Community Preparedness Program website. A call for meeting agenda items shall be made to HCCTF members prior to each teleconference and/or face-to-face meeting. Final agenda shall be available at least 48 hours before the meeting date.

C. Fiscal Year

The HCCTF fiscal year shall conform to the state's fiscal year beginning July 1 and ending June 30.

D. Quorum

A quorum, as defined in Roberts Rules of Order, is the number that must be present in order that business can be legally transacted. HCCTF has determined that number to be representative members from four (4) of the seven (7) domestic security regions.

ARTICLE 9 – SUB-COMMITTEES OR WORKING GROUPS

In addition to the HCCTF, activities related to healthcare coalition development and/or sustainment is carried out by a system of advisory sub-committees or working groups aligned with the goals, objectives and defined deliverables associated with the HCCTF.

Sub-committees or Working Groups will:

1. Be established by charter of the HCCTF;
2. Have a defined membership; and
3. Establish reasonable goals, outcomes and outputs.

HCCTF shall consider updates from sub-committees or working groups on gaps, challenges, and mitigation strategies specific to the subject area of the sub-committee.

ARTICLE 9 - AMENDMENTS TO THE GUIDING PRINCIPLES

Changes to the Guiding Principles may be adopted by majority vote of the HCCTF.

Recommended changes may be brought forth by:

1. Five or more members of HCCTF;
2. Any HCCTF Co-Leader;
3. The BPR; or,
4. Written notice by a HCCTF member. HCCTF is required to vote on such a written notice within 30 days.

**ARTICLE 10 – DISSOLUTION OF THE HEALTHCARE COALITION STATEWIDE
WORKING GROUP**

The BPR may dissolve the HCCTF at any time. Reasons for dissolution may include lack of funding and/or no clear need for further HCCTF advisement.

HCCTF members shall be given a ninety (90) day notice of dissolution to allow for the closure of business items and other identified work.