

# **BIG BEND HEALTHCARE COALITION, INC**

## **BY- LAWS**

### **I. NAME**

The legal name of the healthcare coalition shall be the “Big Bend Healthcare Coalition, Inc.”, a Florida nonprofit corporation, hereafter referred to as the BBHCC.

### **II. MISSION**

Consistent with Chapter 617 of the Florida Statutes, the mission of the nonprofit BBHCC is to develop and promote healthcare emergency preparedness and response capabilities in the following Florida counties: Franklin, Gadsden, Gulf, Jefferson, Leon, Madison, Taylor, and Wakulla.

### **III. PURPOSE**

- Provide a collaborative forum for the healthcare community to interact with one another and other response agencies at a local level.
- Coordinate and improve the delivery of healthcare services during emergency response incidents.
- Identify local healthcare assets available during a response.
- Identify gaps in the healthcare community’s ability to effectively respond to an incident.
- Assist local Emergency Support Function 8 by providing situational awareness and a common operating picture.

### **IV. COMPOSITION OF THE BBHCC**

The BBHCC is comprised of healthcare and support providers in Franklin, Gadsden, Gulf, Madison, Jefferson, Leon, Taylor and Wakulla Counties. Our current membership includes, but is not limited to the following healthcare and support disciplines:

Hospitals (including Acute Care, Specialty, Rehabilitation, and Psychiatric)

Emergency Medical Services Providers

Emergency Management

Long Term Care Providers

Public Health (including, but not limited to: County Health Departments, State Health Department, Bureau of Epidemiology, State Pharmacy)

Mental/Behavioral Health Providers

Medical Examiner

Home Health Agencies

Area Agency on Aging

Hospice  
Medical and Nursing Schools  
Florida State University  
Transportation Providers  
Hospital and Medical Associations  
Specialty Service Providers (including, but not limited to: dialysis centers, urgent care facilities, ambulatory surgical centers)  
Support Service Providers (including, but not limited to: laboratories, blood banks, DME's)  
Local Pharmacies  
Division of Emergency Management  
Department of Children and Families  
Agency for Persons with Disabilities  
Agency for Healthcare Administration  
Law Enforcement  
Primary Care Providers  
Independent Living Associations  
Community Health Centers  
Salvation Army  
The American Red Cross  
Fire Departments/Hazmat/USAR Teams  
Veterans Administration  
Volunteer Leon  
MRC

### **General Membership**

Membership in the healthcare coalition may be extended to agencies, institutions, organizations, and facilities participating in the healthcare and support system within each county covered by the healthcare coalition:

Other entities associated with healthcare may be granted membership, as appropriate.

### **Membership Guidelines**

#### *Designated Representative*

The appointing authority of each BBHCC member shall designate a representative to attend the BBHCC meetings. The representative should have a key role at the organization related to Coalition activities.

Designated Representatives can participate in any BBHCC activity. Members may be called upon to provide guidance on BBHCC issues pertaining to their area of expertise.

### *Alternate Representatives*

Each appointing authority should designate two alternate representatives either of whom can attend and vote at a meeting at which the Designated Representative cannot be present. The representatives should have a role at the organization/agency related to Coalition activities.

### *Participation Requirements*

The Agency designee or alternate for each general member will attend 75% of the regular meetings each calendar year to retain general membership. Attendance of general members will be recorded via sign-in sheet for each meeting. If the designee or alternate designee cannot meet the meeting requirements, the stakeholder agency will be asked to appoint another representative.

### **Term**

Members may serve unlimited terms. The appointing authority shall be advised of any vacancy and asked to appoint a replacement to the BBHCC.

### **Trusted Partners**

The BBHCC shall recognize the following groups as Trusted Partners. Trusted Partners are invited to attend meetings, receive copies of agendas and minutes, and participate as a voting member of Standing Committees; however, they are non-voting members of the General Membership.

- Funeral Home Directors
- Military (National Guard)
- Veterinarians

Other entities associated with the healthcare and support discipline may be designated as Trusted Partners as determined by the Board of Directors.

## **V. MEETINGS OF THE BBHCC**

### **Regular Meetings**

Regular meetings of the BBHCC shall be held quarterly unless modified by the Chairperson. Each meeting shall follow a predetermined agenda established by the Chairperson in consultation with the Board of Directors. Minutes of the meeting shall be taken and retained for a period of not less than five (5) years.

### **Special Meetings**

Special meetings may be held upon call of the Chairperson or at the request of any two members of the Board of Directors. Minutes of the meeting shall be taken and retained for a period not less than five (5) years.

## **VI. BOARD OF DIRECTORS**

As determined at the first meeting of the BBHCC and subsequent meetings, the initial Board of Directors of the BBHCC shall consist of the following persons [with their discipline and county noted]:

1. Philip Doyle (Hospital/Leon)
2. Albert Leggett, (EMS/Hospital/Taylor)
3. Chief Chad Abrams (EMS/Leon)
4. Jeff Anderson (Medical Centers/Regional)
5. Holly Kirsch (Public Health/Leon)
6. Marsha Lindeman (Public Health/Gulf-Franklin)
7. Jim McKnight (Behavioral/Long Term/Gadsden)
8. Jennifer Johnson (Public Health/Jefferson)
9. Shawn Mitchell (Big Bend Transit – Regional)
10. Kevin Peters (Emergency Management/Leon)
11. Paul Korvay (Health and Rehab, Long Term Care)

The Board of Directors shall: determine the issues to be addressed by the BBHCC; make recommendations to the Coalition membership on community-wide emergency preparedness, response, response, and recovery related matters; coordinate the regional approach to community-wide emergency planning, training, and response/recovery; coordinate the fiscal matters from programs and activities managed by the coalition; and periodically ensure that the effectiveness of the Coalition is evaluated.

The Board of Directors shall be maintained with the geographical and disciplinary representation of the General Membership as set forth on the initial Board.

### **Duties of The Board Of Directors**

Chairperson- The Chairperson shall provide the direction and leadership for the Coalition. He/she shall act as Chairperson of all Coalition meetings; serve as the official representative and spokesperson of the Coalition; act as the liaison

to the Regional Domestic Security Terrorism Task Force and to other support foundation and agencies.

Immediate Past Chairperson (If so designated)- The Immediate Past Chairperson shall provide transitional support to the Chairperson and Board of Directors, will be responsible for leading any strategic planning efforts, and participates as a full voting member of the Board of Directors.

Vice-Chairperson- The Vice-Chairperson shall preside over meetings in the absence of the Chairperson; serve as the liaison to outside agencies at the direction of the Chairperson; and perform other duties assigned by the Chairperson.

Secretary-Tasks that the Secretary will be responsible for include the production and distribution of agendas and minutes for BBHCC meetings, maintenance of representative and interested party contact lists including email distribution lists, and other administrative functions as needed.

Treasurer- The Treasurer shall work with the fiscal agent to coordinate the collection of any revenues associated with BBHCC activities to include, but not limited to, grants, contracts, membership dues, donations, and contributions. The Treasurer must also approve and track BBHCC financial matters in coordination with the Chair and fiscal agent, and will provide monthly reports to the Board of Directors and General Membership on the status of BBHCC account balances, revenues, and expenditures.

Committees/Workgroups - Will be created by the Board of Directors and/or the General Membership of the BBHCC as the need arises. Each Committee/workgroup will elect a chair and the life of the committee will be determined by the matter under consideration. The committee will be disbanded when its purpose has been served. The number of members will be determined by the Board.

### **Meetings - Notice**

The Board of Directors shall meet face to face quarterly, with special meetings to be called by the Chairperson as necessary. Written/Internet notice shall be provided of all regularly scheduled Board of Directors meetings at least five (5) working days prior to the meeting date. In the case of a Special meeting, such notice shall state the purpose of the meeting. Special meeting notices shall be issued not less than 24 hours prior to the meeting.

### **Quorum**

A simple majority of the Board of Directors in attendance shall constitute a quorum for the transaction of business.

## **Voting**

At any meeting having a quorum, action may be taken by a simple majority of those Directors who are present. If a quorum is not present at a meeting, transaction of business will take place under the condition that any motions that are put forth to a vote will be presented to absent voting representatives via electronic mail to receive quorum vote. A reasonable amount of time will be allowed for receipt of absentee votes not to exceed ten days from the date of the meeting. If a quorum is not obtained the motion fails.

## **Open Meetings**

Meetings shall not be open to the public. Invited guests must be approved by the Chairperson or the Board prior to attendance.

## **Tenure Of Office**

The Chairperson and Vice-Chairperson shall be elected from among the Board of Directors by the Board of Directors. The tenure of office for the Chairperson, Immediate Past Chairperson, Vice-Chairperson, and Committee Chairs shall be for one year and shall commence following confirmation by the Board of Directors at the Regular Meeting. All Board of Directors shall serve until replaced by their appointing authority to preserve the original geographic/discipline balance present on the original Board as composed at the initial meeting of the BBHCC.

The Chairperson or Vice-Chairperson of the Board shall be the representative from the Lead Agency for ESF 8-Health Department.

## **Vacancies**

Vacancies on the Board of Directors shall be filled by an appointment of the Chairperson and such person shall serve until the affected agency, institution, or discipline has selected their new representative.

## **Designated Alternates**

Each Board of Director member shall designate an alternate representative that can attend and have the authority to represent the member and vote at a meeting at which the Board member cannot be present.

## **VII. FISCAL AGENT**

The Board of Directors shall determine who shall be responsible for tracking all BBHCC related expenditures directed by the General Membership and/or the Board of Directors. While the Treasurer has ultimate responsibility for the finances of the BBHCC, the Board may retain the services of a private

contractor to conduct the accounting and record keeping tasks and practices required of the BBHCC.

## **VIII. ADMINISTRATION**

The BBHCC is one of many healthcare coalitions being formed statewide to supplement the State's ability to respond to and recover from disasters and other emergencies. The BBHCC is authorized to retain the services of a qualified contractor to conduct the administration of the BBHCC consistent with the policies, goals, and continuation of the BBHCC as a valuable community and regional resource.

## **IX. BY- LAW ADOPTION AND REVISION**

These Bylaws were originally adopted the Board of Directors of the BBHCC by a majority vote on April 17, 2014 and were subsequently amended by a majority vote of the BBHCC Board of Directors on January 27, 2016.

## **X. BY- LAW AMENDMENT**

Consistent with Section 617.0206 of the Florida Statutes, these By- laws of the BBHCC can be altered, amended, repealed, or revised by a majority vote of the Board of Directors or a 65% super-majority of the general membership.

## **XI. MEMBER PARTICIPATION GUIDELINES**

The BBHCC encompasses a wide variety of healthcare system and support providers throughout the Coalition boundaries. The number of individual healthcare and support providers within the Coalition counties is very large, and it is not practical or logistically feasible that all members participate similarly in all Coalition activities. The Board of Directors shall provide guidance on the level of participation for each member category as described below.

**Category A:** All members of the Executive Board, representing the Coalition by their discipline and geographic representation within the counties. Their specific roles and responsibilities have been articulated in the Coalition's By-Laws.

**Category B:** Members in this category are comprised of the following:

- All county, city, and university emergency managers.
- All Public Health Department Directors/Administrators representing the Coalition counties.
- All AHCA licensed hospitals in each county.
- All AHCS licensed skilled nursing facilities in each county.
- All Emergency Medical Service (EMS) providers in each county.
- All agencies/organizations/institutions that provide or contract for healthcare and support services in multiple Coalition counties.

- Agencies, associations, or businesses that represent multiple providers in the Coalition counties.
- Members that have delineated RDSTF Region 2 healthcare and support roles and responsibilities.
- All Coalition FDOH Region 2 Public Health and medical planners (Coordinators)

**Category C:** Members in this category are comprised of the following:

- Individual organizations, agencies, or businesses that are represented by an association or organization in Category B.
- Agencies or organizations not included in Category A or B, and their services are limited to their local county.
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**All members in any category:**

- Are encouraged to communicate and engage in preparedness and response activities within their county Emergency Management and ESF 8 systems.
- Should participate in training and exercise opportunities provided by the Coalition and/or their counties.
- Should collaborate and plan with other coalition members to share ideas, solutions, and plans to resolve common problems.
- Will receive regular communications and status reports on the progress of the coalition and upcoming activities, training, and exercises.
- Will receive information and status information during actual events.
- Will have access to the Coalition website.
- Will abide by the approved by-laws.
- Either directly, or through the Category B representatives have input and provide feedback on Coalition budget, training, and exercise activities.
- May be called upon to support response activities in counties affected by natural or man-made disasters.

Fig. 1 Big Bend Healthcare Coalition  
Organizational Chart  
Board of Directors

