

Southwest Florida Healthcare Coalition Preparedness Plan 2024

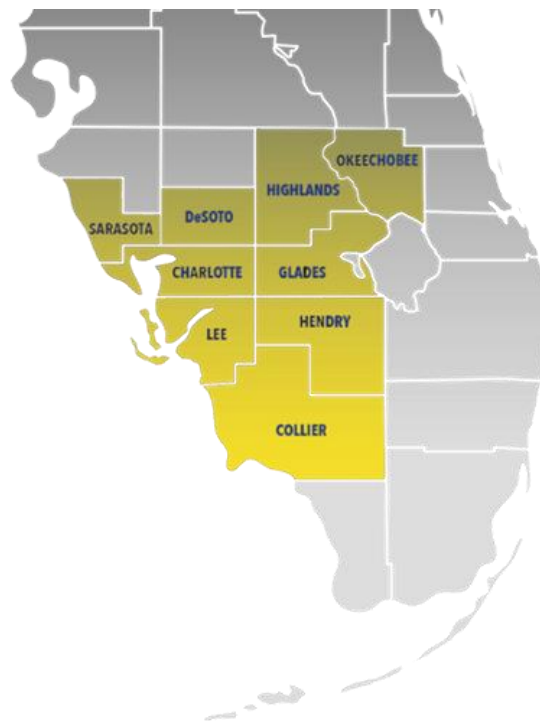


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1. Introduction

1.1 Purpose

The Southwest Florida Healthcare Coalition (SWFHCC) was created to support the local healthcare coalitions, communities, and other response agencies to collaboratively plan for all-hazards emergencies by promoting intra-regional cooperation and sharing of resources. The SWFHCC covers nine counties: Charlotte, Collier, DeSoto, Glades, Hendry, Highlands, Lee, Okeechobee, and Sarasota Counties.

The coalition works to attain the Administration for Strategic Preparedness and Response (ASPR) Health Care Preparedness and Response Capabilities. The coalition collaborates with stakeholders, including core members, such as hospitals, emergency medical services, emergency management organizations, and public health agencies; additional members of the healthcare and preparedness community; and the Emergency Support Function-8 (ESF-8) lead agency. The Coalition works to ensure that the community has the necessary equipment and supplies, real-time information, communication systems, and trained and educated healthcare personnel to respond in an emergency. In addition, the coalition identifies hazards and risks, and prioritizes and addresses gaps through planning, training, exercising, and managing resources.

Furthermore, the coalition also plans and collaborates with the stakeholders to share and analyze information, manage, and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

The coalition works to enable healthcare organizations to provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled healthcare infrastructure. The coalition assists in providing training, education, and equipment to prepare healthcare workers to care for patients in an emergency. The coalition facilitates after action reports and improvement plans (AAR/IP) to improve operations.

Finally, the coalition assists with medical surge planning, training, and exercising to support the healthcare delivery system's transition to contingency and crisis surge response and promote a timely return to conventional standards of care.

1.2 Scope

This plan, which is in effect through 2025, addresses an all-hazards approach to mitigation and preparedness activities by healthcare organizations within the Southwest Florida Healthcare Coalition, which covers the following nine counties: Charlotte, Collier, DeSoto, Glades, Hendry, Highlands, Lee, Okeechobee, and Sarasota.

The purpose of this Preparedness Plan is to document the process and structure for the coalition to collaborate to meet the mission and purpose.

The ESF-8 serves as the contact between the healthcare provider system and the statewide emergency response system. This function provides an interface through the ESF-8 to the State Emergency Operations Center (EOC). In the initial response, coordination among local entities will entail working closely with competing fire and rescue, pre-hospital treatment, patient transport, law enforcement, medical care, and public safety requirements. If the incident impacts multiple jurisdictions within the region, mutual aid agreements in the region will not be sufficient to support

response efforts. In this case, regional, state, and federal coordination will be vital to supply needed resources for response and recovery. It must be emphasized, that the structure noted above is in addition to and does not replace the relationships and coordinating channels established between the individual healthcare facilities and their local emergency coordinating centers and/or health department officials.

One of roles of the Coalition is to build and strengthen the relationships that underpin the ESF-8 system, as well as increase communication, enable opportunities for training and preparedness.

This plan is intended to support, not replace, existing facility disaster plans. It is expected that healthcare entities will develop and maintain their emergency management programs to enhance organizational self-reliance and address community needs. They will also participate in the regional and statewide emergency response system development activities to enhance response to larger scale events. Individual health care facilities are responsible for implementing their Comprehensive Emergency Management Plans (CEMPs), including logistical support. In the event they cannot carry out their plan, individual health care facilities will contact the ESF-8. Healthcare entities will provide and maintain current contact data in Florida Health Stat to facilitate timely distribution of important emergency planning information. This document does not replace or modify the need for individual healthcare entities to coordinate with their jurisdictional EOC, Emergency Services and vendors. The response structure established for communication with, and coordination of healthcare capabilities is based on the relationship between the regional healthcare emergency response plans and ESF-8. The Regions’ and individual hospitals’ response plans must be based upon an Incident Management System (IMS) which integrates with the National Incident Management System (NIMS) structure.

1.3 Administrative Support

This Preparedness Plan will initially be approved by the members of the Southwest Florida Healthcare Coalition. It will then be updated annually and approved each year. Each update will include the opportunity for input from the members and approval from the Executive Council of the Coalition.

Step 1	October 2017	Start of five-year period
Step 2	May 2017	Development of initial work plan Letters of concurrence signed by each chapter chair
Step 3	January & February 2018	HVA and gap analysis reviewed
Step 4	March 2018	Preparedness draft updated
Step 5	April 1, 2018	Preparedness Plan draft was available
Step 6	April/May	Gather member feedback
Step 7	May	Member vote of approval Letters of concurrence were gathered
Step 8	June	Final draft published
Step 9	July 1, 2018	Review of progress against work plan in previous year; adjustments to upcoming work plan made as needed
Steps 3-9 will be repeated annually		

June 2020 Steps 3-5 were completed
May 2021 Steps 3-5 were completed
May 2022 Steps 3-5 were completed
October 2022 Plan was updated following Hurricane Ian
February 2023 Steps 3-5 completed
November 2023 Plan was updated to include recovery
February 2024 Steps 3-5 completed

2. Coalition Overview

2.1 Introduction/Role/Purpose of Coalition

The mission of the Southwest Florida Healthcare Coalition is to support regional healthcare emergency preparedness, response, and recovery capabilities through collaboration, training, and planning. The purpose of the Southwest Florida Healthcare Coalition is fourfold; first, the coalition works to identify and mitigate gaps in the healthcare community’s ability to effectively respond to an incident. A second important role of the coalition is to receive and disperse grant funding for healthcare preparedness efforts. Also, the coalition helps to improve overall readiness through coordination of region-wide training and exercises. Lastly, the coalition fosters communication between local, regional, and state entities on community-wide emergency planning and response.

2.2 Coalition Boundaries

The SWFHCC incorporates nine counties and includes both urban/suburban and rural areas. The SWFHCC region is bordered on the west by the Gulf of Mexico, likewise, Lake Okeechobee is a major feature on the eastern border.

2.3 Coalition Members

A full list of members is available by emailing Coalition@hpcswf.com

2.4 Organizational Structure/ Governance

2.4.1 Purpose

- Identify and mitigate gaps in the healthcare community’s ability to effectively respond to an incident.
- Receive and disperse funding for healthcare preparedness and response efforts.
- Improve overall readiness through coordination of region-wide training and exercises.
- Foster communication between local, regional, and state entities on community- wide emergency planning and response.

2.4.2 Membership

Membership in the Southwest Florida Healthcare Coalition shall be extended to the following Essential Partner agencies, institutions, and community-wide emergency response related disciplines located within and serving the nine counties in the Coalition boundaries.

2.4.3 Core HCC

Members should include, at a minimum, the following:

- Hospitals
- EMS (including inter-facility and other non-EMS patient transport systems)
- Emergency management organizations
- Public health agencies

Additional HCC members may include but are not limited to the following:

- Behavioral health services and organizations
- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
- Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks
- Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)
- Home health agencies (including home and community-based services)
- Infrastructure companies (e.g., utility and communication companies)
- Jurisdictional partners, including cities, counties, and tribes.
- Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
- Local public safety agencies (e.g., law enforcement and fire services)
- Medical and device manufacturers and distributors
- Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
- Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs), urgent care centers, freestanding emergency rooms, stand-alone surgery centers)
- Primary care providers, including pediatric and women's health care providers.
- Schools and universities, including academic medical centers.
- Skilled nursing, nursing, and long-term care facilities
- Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
- Other (e.g., childcare services, dental clinics, social work services, faith-based organizations)
- Hospice and end of life care facilities.

2.4.4 Membership Compensation

All Members are volunteers, and no Member shall be compensated for their appointment or participation as a Member. Members may be reimbursed for per diem and travel expenses incurred through the conduct of Coalition business, including participation in

conferences. Authorization must be obtained from the Contracted Agency in advance of incurring expenses and expenses are compensated using State of Florida travel guidelines.

2.4.5 Roles and Responsibilities of the Members

To be considered active members, any agency must regularly participate in the activities of the Coalition. They will give input to the Coalition leadership on the gaps and needs for their local area and community. They will participate in communication tests and activities of the Coalition that are necessary to improve preparedness in the region. As active members, they will have access to benefits such as trainings, exercises, and funding opportunities.

2.4.6 Executive Council

The Executive Council shall administer the affairs of the Coalition in accordance with the mission statement, objectives and purpose outlined in these bylaws. The Executive Council is responsible for the business and affairs of the Coalition and is governed by these bylaws and State and Federal regulations as set forth by the Florida Department of Health and the U.S. Department of Health and Human Services, Administration for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements. If called upon to play a response role by any Coalition member, the Coalition will align itself with the appropriate incident management structure in place following National Incident Management System (NIMS) principles including, Hospital Incident Management System (HICS) and/or Nursing Home Incident Management System (NHICS).

The Executive Council of the Southwest Florida Healthcare Coalition will consist of five representatives from each of the four-chapter areas: Collier, Heartland (DeSoto, Glades, Hendry, Highlands, and Okeechobee) Lee, and Suncoast (Charlotte and Sarasota). The representatives from the chapter areas will be selected by members in that geographical region of that chapter. Additionally, representatives may be selected to represent specific discipline types. The Executive Council will determine which seats to add in any given year. The representatives for those seats will be selected by members of the same discipline. The Chair and the Vice-Chair will be selected by the members of the Executive Council. When possible, the Chair and Vice-Chair should represent different agency types and chapter areas, and the Executive Council should include representation from at least each of the four core membership types. Representatives must be affiliated with an eligible member agency. Any representative with a meaningful change to their position, agency, or geography must notify the Coalition within thirty days and /or prior to any votes, for an eligibility review by the Executive Council.

Each representative will serve a two-year term. If an elected representative is unable to serve the full term, a special election will be held to elect a new representative to complete the term. Two thirds of the Executive Council may vote to dismiss a representative and call for a special election for their replacement. Any representative with more than two unexcused absences during the fiscal year will have their participation reviewed by the Executive Council before they are allowed to vote on any upcoming matters. Additional subject-matter experts may be identified by the Executive Council as non- voting representatives. Examples may include, but are not limited to, the Regional Domestic Security Task Force, the Hospital Association, Medical Societies, etc.

2.4.7 Roles and Responsibilities of the Executive Council

The Executive Council is responsible for developing and approving an annual budget and work plan. The members of the Executive Council will also approve via vote the use and allocation of all Coalition funds.

The representatives for each chapter area will share information with the membership. The representatives will also share information from the membership with the Executive Council.

Executive Council will conduct at least four quarterly meetings. Additional meetings will be added as necessary. The representatives will determine funding allocations, priorities, and special projects for the Coalition. The Executive Council will provide input into the contractual deliverables and activities of the Coalition. The Executive Council will also be responsible for guidance and feedback to the direct service staff of the Coalition.

2.4.8 Chair

In April of even years, the Executive Council will elect a Chair, special elections may be held as needed. The Chair must represent an agency that has been an active member for at least one year and the individual must have had a leadership role in the Coalition for at least six months prior to election to Chair.

2.4.9 Roles and Responsibilities of the Chair

The Chair or designee will have the authority to sign approval of documents, plans and deliverables that need member approval on behalf of membership. This approval should be based upon input from the membership and leadership. The Chair will work with the Contracted Agency to develop the agendas for and conduct the Executive Council meetings. The Chair or designee will have the authority to activate the Coalition operations plan and call emergency meetings.

The Vice Chair shall preside over meetings in the absence of the Chair; serve as the liaison to outside agencies at the direction of the Chair; and perform other duties assigned by the Chair. If the Chair is unable to complete their duties or resigns, the Vice Chair will become the Chair for the remainder of the term. A new Vice Chair would then be elected by the Executive Council.

2.4.10 Contracted Agency

The Contracted Agency is the contract signatory with the Florida Department of Health (FDOH) for the Healthcare Coalitions. The Contracted Agency is awarded the contract that provides the primary funding and authority for Coalitions through a process administered by FDOH.

2.4.11 Roles and Responsibilities of the Contracted Agency

The Contracted Agency provides policy, fiscal, administrative, and direct service support.

2.4.12 Policy

The Contracted Agency is the contract holder for the Coalition with the Florida Department of Health. As such, they are often the primary point of contact for the state-level FDOH. The Contracted Agency will regularly share information from the State with the Executive Council.

As the contract holder, the Contracted Agency has the responsibility to ensure that all federal and state laws, contract terms and local Coalition bylaws and policies as voted upon by the members, are followed. Whenever possible, the Contracted Agency will consult with other members of the Florida Healthcare Coalition Taskforce on areas of uncertainty. However, the Contracted Agency will not have a vote on Coalition priorities or any content-related decisions.

2.4.13 Fiscal

The Contracted Agency will manage all Coalition funds received through the FDOH contract. The Contracted Agency may also manage additional funds upon request of the Executive Council. The Contracted Agency will process all approved Coalition-related funding requests, invoices and reimbursements in a timely manner as directed by the Executive Council. The Contracted Agency will provide the Executive Council and Chapter Coalition Leadership Committees with budget and expenditure reports monthly. The Contracted Agency will meet all state and federal auditing and reporting requirements.

2.4.14 Administrative

The Contracted Agency will provide administrative support to the Southwest Florida Healthcare Coalition including:

- Meeting coordination and facilitation
- Maintenance of the Coalition website
- Maintenance of contact and distribution lists for the members
- Sharing of information through e-mails and other methods as requested by any of the aforementioned parties.
- Creation and retention of agendas, minutes, and other meeting materials
- General administrative support

2.4.15 Direct Service

The Contracted Agency will ensure the completion of the deliverables. The Direct Service Staff of the Contracted Agency will be responsible to undertake the projects and activities necessary to meet the deliverables of the contract in a timely manner, including state meetings and calls, as well as additional activities to fulfill the mission of the Coalition as guided by the Executive Council. The activities of the Direct Service Staff will be driven by the contract and state and federal requirements and regulations and will be guided by the direction and evaluation of the Executive Council. The direct service staff will work to ensure that the voice of the members is included in all activities, processes, and documents.

When activated, the direct service staff will support the member organizations and the healthcare delivery system with communication and coordination as outlined in the SWFL Healthcare Coalition Response Plan. All response activities are conducted in

collaboration with the members, healthcare agencies, response agencies and ESF-8; the coalition activities do not supplant any existing state, local, and member-specific incident management structures, and roles.

2.4.16 Regular Meetings

In order to ensure clear communication between all and provide adequate time for discussion, planning and information sharing, membership meetings will be held at least quarterly. At least one meeting for each chapter will be held each fiscal year.

2.4.17 All Meetings Open to The Public.

Each meeting shall follow a predetermined agenda, which shall be made available to the Membership prior to the meetings. Whenever possible, the meeting schedule with location information will be posted on the Coalition website for at least the next two quarters. All agendas will include an open forum period. Minutes of the meetings shall be taken by the contracted agency and retained for a period of not less than six years.

Minutes will be posted on the Coalition website within 30 days after the meeting.

2.4.18 Work Groups

Working groups dedicated to specific topics, deliverables, or agency types may be established by the Executive Council at any time. Work group membership and meetings will be determined based upon the needs and the function of the group. The Executive Council will review the functionality and purpose of the work groups and adjust as needed. The Executive Council shall encourage the use of Subject Matter Experts (SME's) in committees, work groups and decisions whenever possible.

2.4.19 Special Meetings

Special meetings may be held upon call of the representatives or the contracted agency as necessary to complete the mission of the Coalition. Written notice will be given to each representative prior to the proposed meeting stipulating the time, place, and objective of the meeting. Additional meetings will be held via teleconference or other technology to reduce time and travel required.

2.4.20 Proxies

Each Executive Council representative may choose one proxy who must be pre-approved by the Executive Council. The proxy is encouraged to attend meetings to have an awareness of activities within the Council. The proxy is allowed to count towards quorum and vote in place of the designated Council representative at one Executive Council meeting each fiscal year.

2.4.21 Quorum

The quorum for any meeting that includes a vote will be a majority of voting representatives.

If quorum has not been met, any votes must take place electronically, following the meeting.

2.4.22 Voting

Voting by the Executive Council is restricted to the elected representatives. Each representative will receive one vote. Voting may occur in person, by conference call or by electronic means, if a quorum is established. All votes excepting bylaw revisions will require a simple majority of the representatives.

2.4.23 Conflict of Interest

A member who has a direct agency or personal interest in any matter before the Coalition shall disclose his/her interest prior to any discussion of that matter by the Coalition.

2.5 Risk

A healthcare system Hazard Vulnerability Analysis (HVA) is a systematic approach to identifying hazards or risks that are most likely to have an impact on the demand for health care services or the health care delivery system's ability to provide these services. The SWFHCC defines, identifies, and prioritizes risks, in collaboration with the ESF-8 lead agency, by conducting assessments or using and modifying data from existing assessment for healthcare readiness purposes. These assessments help the Coalition to determine resource needs and gaps, identify individuals who may require additional assistance before, during, and after an emergency, and highlight applicable regulatory and compliance issues. The Coalition uses the information about these risks and needs to inform training and exercises and to prioritize preparedness strategies.

The SWFLHCC completed an HVA in 2023, which is linked here. The process included the involvement of members such as emergency management, emergency medical services, hospitals, public health, nursing homes, clinicians, and others. The plans were designed to align with county government plans and the Emergency Support Function 8 (ESF-8) structure whenever possible. The HVAs are updated annually as described in the timeline in section 1.3 above. The final HVAs was approved by member vote prior to inclusion in the preparedness plan.

<https://swflcoalition.org/wp-content/uploads/2024/01/Southwest-Florida-Healthcare-Coalition-2024-HVA-.pdf>

2.6 Gaps

In the SWFHCC's gap analysis process, the members of the SWFHCC have compared available resources with current risks in order to identify gaps and inform prioritization of coalition activities, such as preparedness initiatives and the purchase of additional coalition resources. As outlined in Section 1.3 Administrative Support above, review of the gaps is conducted annually, and any newly identified gaps will be incorporated into the work plan for each upcoming year. The gap analysis for Region 6 can be accessed below. The Gap analysis and the HVA are included in the same document.

<https://swflcoalition.org/wp-content/uploads/2024/01/Southwest-Florida-Healthcare-Coalition-2024-HVA-.pdf>

2.7 Compliance Requirements/ Legal Authorities

The SWFHCC has a contract through the Florida Department of Health under the authorities of sections 252.35(2)(a) 3 and 381.0011(7) of the FL statutes.

According to the contract, the Health Care Coalition (HCC) is “A group of individual health care and response organizations in a defined geographic location. HCCs play a critical role in developing and sustaining health care delivery system preparedness, response and recovery capabilities and serve as a support partner in coordination with ESF8 activities”. Emergency Support Function 8, or ESF8, is “One of 18 Emergency Support Functions that comprises the State Emergency Response Team described in the State of Florida Comprehensive Emergency Management Plan. The Department [of Health] is the lead agency for ESF8 in Florida” (Attachment I).

3. Coalition Objectives

3.1 Maintenance and Sustainability

To meet Capability 1, Objective 5, Activity 1, the Southwest Florida Healthcare Coalition, with support from its healthcare organization members, collaboratively plans for all-hazards emergencies by promoting intra-regional cooperation and sharing of resources. The SWFHCC works to identify and mitigate gaps in the healthcare community’s ability to effectively respond to an incident. The Coalition also receives and disperses grant funding to members to assist in their healthcare preparedness efforts. The SWFHCC improves overall readiness through the coordination of region-wide training and exercises. Finally, the coalition fosters communication between local, regional, and state entities on community-wide emergency planning and response. The SWFHCC has leaders who serve as primary points of contact to promote preparedness and response needs to community leaders. Members have shared responsibility to ensure the HCC has visibility into their activities in the region. Members attend meetings at least quarterly and provide general updates. Members are regularly surveyed using tools such as Survey Monkey. Members have the opportunity to submit funding requests to requests goods or services to help fill gaps in their particular areas. After exercises and real-life events, SWFHCC members participate in after action Report/ improvement plan (AAR/IP) processes. The SWFHCC provides trainings and workshops for members. The SWFHCC also maintains a website to provide updates and resources to members.

In order to promote sustainability of the healthcare coalition (Capability 1, Objective 5, Activity 5), the SWFHCC partners with agencies and members throughout Region 6. The coalition strives to find ways to promote greater community effectiveness and organizational and financial stability. The SWFHCC receives in-kind donations greater than or equal to 10 percent of federal funding. This consists of time, resources, financial support, and continued engagement with HCC members and the community. The coalition gathers information about other community resources, training opportunities and preparedness activities to share with members and the community to ensure these resources are used broadly to improve preparedness in Region 6. These resources are shared at meetings, through e-mails and on the Coalition website. The

coalition encourages the creation and strengthening of community relationships amongst members to increase effectiveness.

The SWFHCC has a multi-level approach to facilitating the sharing of leading practices and lessons learned between member agencies (Capability 1, Objective 4, Activity 6). Member discussion is a core component of the quarterly or bi-monthly member meetings. Additionally, coalition leadership shares information at state meetings and brings additional information back to share. On the coalition website, information such as templates, presentations, minutes from coalition meetings, and links to tools is available to members and the community at large. The website is updated regularly to include new information as it becomes available. Members who attend conferences and workshops are encouraged to share their newly acquired knowledge with the membership upon their return. The coalition regularly shares information from the federal, state, and local level via email in order to increase member knowledge and improve capabilities. For example, during the Hurricane Ian the SWFHCC provided daily updates on valuable information for the membership.

3.2 Engagement of Partners and Stakeholders

3.2.1 Health Care Executives

The SWFHCC engages many area healthcare executives, including those of local hospitals, ambulatory surgical centers, physical therapy providers, skilled nursing facilities, assisted living facilities, home care providers, hospice providers, federally qualified healthcare providers, behavioral health providers, dialysis providers, medical equipment providers and more. The SWFHCC communicates the direct and indirect benefits of coalition membership to healthcare executives to advance their engagement in preparedness and response. Direct benefits can include receiving funding for preparedness and response projects. Other benefits include, but are not limited to, networking opportunities, connecting with community partners, developing needed memoranda of agreement, or understanding, sharing best practices, professional development opportunities, and taking a more active role in the community, all of which help organizations to better meet their own missions and to better serve clients.

3.2.2 Clinicians

The SWFHCC engages health care delivery system clinical leaders to provide input, acknowledgement, and approval regarding strategic and operational planning. Clinicians from a variety of settings, such as local health departments, hospitals, surgery centers, skilled nursing facilities, assisted living facilities, dialysis facilities, home health providers, hospice care providers, behavioral health providers, and emergency medical services, regularly attend meetings, give trainings, and provide subject matter expertise regarding coalition plans and activities. Furthermore, clinicians have been and will continue to be involved in training, exercises, and education.

3.2.3 Community Leaders

The SWFHCC engages community leaders to promote greater community effectiveness and organizational and financial stability. The Coalition’s membership includes representatives from emergency management, fire departments, emergency medical services, health departments, law enforcement agencies, local school districts, the American Red Cross, the Salvation Army, local medical reserve corps, local medical societies, local Area Agency on Aging offices, and others. These community leaders donate time, resources, and financial support by attending meetings, participating in trainings, providing education, and providing meeting spaces and materials for coalition activities.

3.2.4 Children, Pregnant Women, Seniors, Individuals with Access, and Functional Needs

The SWFHCC and its members have conducted inclusive planning for the whole community with agencies representing children; pregnant women; seniors; individuals with access and functional needs, such as people with disabilities; individuals with pre-existing, serious behavioral health conditions; and others with unique needs. Members planning for the needs of these populations, such as hospitals, skilled nursing facilities, assisted living facilities, and behavioral health providers, regularly attend meetings and contribute to planning processes that are inclusive of all community members. Recently, there has been a great deal of focus on Special Needs Shelters. The planning, organization and activities of these shelters help to ensure that the needs of all community members are met before, during and after an emergency.

4. Workplan

The SWFHCC coalition develops and annual workplan for the period of July-June. The workplan is based on the capabilities and the state contract. The annual workplan for 2023-2024 was approved by members of the Executive Council which includes at least one member from each of the core agency types.

The workplan will be updated both according to the timeline in Section 1.3 Administrative Support above and in response to the preparedness plan.

The workplan can be accessed at the following link:

<https://swflcoalition.org/wp-content/uploads/2024/02/COPBK-Task-5-Workplan-07112023.pdf>