2-17-26 Board Meeting Minutes

Board Members Present: Eric Alberts, Maria Bledsoe, Lynne Drawdy, Molly Ferguson, Nichole Fulton, Olive Gaye, Alan Harris, Dr. Vincent Hsu, Dr, Ethan Johnson (proxy from Clint Sperber), Reginald Kornegay, Clint Mecham, Kenneth Peach, Christina Proulx, Wayne Smith, Lynda W.G. Mason, Dustin Williams

Guests: Nick Pachota

Call to Order, Welcome, Roll Call & Introductions: Eric Alberts welcomed all, and a quorum was reached.

Approval of 10/21/25 Board Minutes: Eric advised the minutes were attached to the calendar invitation. Lynda W.G. Mason moved to approve; Olive Gaye seconded the motion. There was no discussion or opposition and the motion passed.

Approval of October 2025 through January 2026 Treasurer's Reports: Lynda reminded all that these reports were attached to the calendar invitation. She stated that as usual, the Coalition is in good financial shape. She reviewed each report, including income and expenses each month and ending balances. The ending balance in January is higher than normal. Lynne explained that we receive quarterly payments from the grant and we have to spend the entire amount by the end of the fiscal year, so we do most of our spending in the last quarter to minimize the length of time we must wait for reimbursement. Lynda advised that we have secured a new accountant and they are getting up to speed and in the future they will produce these reports. Lynne stated that the firm is Kane and Associates, recommended by our single federal auditor. Alan Harris moved to approve these reports and Molly Ferguson seconded the motion. There was no discussion or opposition and the motion passed.

Executive Committee Update: Eric provided an update from the January Executive Committee meeting, including updates on the contract/grants, the accountant, and upcoming deliverables, and reviewed the Board and March Member meeting agendas.

Old Business:

- **RMAT Updates** (see attached presentation and mission flyer): Eric welcomed Nick Pachota, the regional medical assistance team commander. Nick presented on where the team was, where we are and where we're headed. Nick gave an overview of his background. He stated that during COVID, the team was very busy, deploying for both FDOH and FDEM. At that time, we were collocated with Orange County which limited our access. We have since moved into a warehouse in Lake County, which allows unrestricted access. The team is diverse and in the past has been through word of mouth. We did not have a formal credentialing process in the past and we have worked on that. In the past, requesting the team was also through word of mouth. Recently, we have reduced the roster from over 600 to 250. Many of these don't have clinical skills and we need to increase those. He has updated the mission ready packages, based on capacity due to equipment gaps. The warehouse is smaller than we had in the past but they have implemented a warehouse management tool and are using the space more vertically. All of the operational vehicles are inside and space is very tight, including the new IMT trailer from the state. We will need to set up a process for maintaining and deploying this asset. The warehouse is in an old Sears building and is very basic, with no air conditioning and only half of the bathrooms are functional. He said we can support most of the missions. In the past we had the capacity for 250 beds but we now only have two tents and

can only handle 15 patients. In addition, we can do augmentation and incident management. The warehouse does allow them to set up tents for rehab. The warehouse does allow us 24/7 access and several team members have keys. We have moved to a more standardized credentialing process. We are not yet at the point to mimic the state IMT with playbooks. We are focusing on ensuring that team members have necessary skills and can function in an austere environment. We have a training schedule, typically once a quarter, where we set up the equipment. One challenge is that this is not as centrally located as in the past. Nick discussed equipment needs, including more tents. We have aging AC units and the generator is close to end of life. Other needs include disposable supplies. These are not covered by the grant and we have been dependent on the requesting agency which can be delayed and may be items unfamiliar to the team. He would like to have a 24 hour supply for these soft supplies. He reviewed the team's current budget. We are hoping to surplus the box truck and a van from Seminole County, which will reduce costs. He would like a box truck at some point in the future. As we move through the background screening process, those costs will increase, but we are using volunteers vs. paid logistics staff. Nick said he met recently with the Clermont Fire Chief and they are building out a training facility and they are willing to give us a 99 year lease for $1 but we would be responsible for securing donations to build; the 10,000 square feet space we need would cost about $1.5 million. In addition to the tents, the team has additional needs, such as medical equipment, computers, communications, a small budget for soft supplies, a plan for fleet replacement as they reach end of life and a box truck, and replacement for equipment such as the AC and generator which are probably 3 to 5 years from end of life. He said that the team still supports air shows and is ready for deployment requests. There are 10 people going through the initial background screening process, including command staff and some clinicians. We continue to promote trainings for team members. Nick shared the team flyer, and we will add a process for requesting the team. We can share this information with the emergency managers at their quarterly meetings. Alan cautioned that we may need SHSGP or UASI approval to surplus the van. Eric thanked Nick for his presentation and asked if there were any questions. Lynda asked about the fund raising timeline. Nick said that the conversation had just begun. Our current lease has three and a half years left, but it will take time to raise funds and build a building/ He said the first step would be Board approval. Christina Proulx said that Cleveland Clinic has a couple of shelters they may be able to donate to the Coalition as this keeps the asset within the region and keeps it deployment ready. If interested, she will continue seeking approval. Nick said that he would like to see this product to see if we can support this. Lynne will connect Nick and Christina. He said that his goal right now is to get to a field hospital for 50 patients. She believes these are over 50 beds. Lynne asked Nick to share his most current needs now and for next fiscal year. He will submit that in time for the Board retreat in May. He asked for $1,500 to $2,000 for soft supplies for now. Lynne reminded the Board that these are not permissible under grant funds so this would be from unrestricted funds. Clint Mecham moved that we give approval not to exceed $2,500 for these supplies; Ken Peach seconded that. There was no further discussion or opposition and the motion passed. Eric thanked Nick for his leadership.

- **Contract/Funding Updates**: Lynne advised that we are doing well with this year's spending and she will submit a final budget revision in May for unused funds. The state is working on the new contract effective July 1st and we are told that we will receive level funding. We have heard that SHSGP and UASI are waiting for FDEM approval. We received a letter regarding the federal shutdown. The 2025 contracts have not yet been executed and funds cannot be spent until these are in place.

- **Board Engagement**: Eric stated we are off to a good start this year and today is the first board meeting of the year. He thanked everyone for attending today.

- **December Conference Results**: Lynda said the results were sent out with the calendar invitation. We had a 100% satisfaction and engagement rates with very high top box results. Strengths included all the presentations were pertinent and informative, appreciation for networking, and participants particularly enjoyed the stress and resilience presentation. Opportunities include more training on disaster response and how to access resources, more in-person attendance, and continue to address new and evolving threats.

- **Issues Board / Traffic Light Report**: Lynne stated that we received approval for all second quarter deliverables and we are on track for all the rest. One high priority issue was engaging community leaders. She suggested sending the 2025 Coalition Accomplishment to Board members and ask that they share with community leaders. Olive agreed and there was no opposition. On March 2nd, Dr. Zito from ORMC and Dr. Smith from the Warden Burn Center are presenting training for acute care hospitals and free standing emergency departments to be able to stabilize and hold higher acuity trauma/burn patients until they can be transferred to a higher level of care in an MCI. This closes a gap identified in the past two MCI exercises. We have sent out a flyer to hospitals and asked that they promote this with clinical staff; there are CMEs and CEUs available. We will submit this to ASPR as a potential best practice. On March 18th, we are participating in a national pediatric virtual tabletop with a CFDMC breakout room. The focus is on family reunification. This has also gone out to hospitals and other partners. On May 13th, we are supporting the May 13th NDMS FCC exercise at Tampa International Airport. We are sending the Ocoee ambu-bus, two liter bearer teams, and evaluators. Dr. Hsu advised that we have engaged NETEC to do a regional training on May 15th to ensure we are ready for high consequence infectious diseases. A flyer will be coming soon. We will be doing sending out an assessment for hospitals to complete prior to the training. Lynne thanked Dr. Hsu for his leadership.

- **MCI Exercise**: Eric stated that the regional MCI exercise is April 9th from 8 am to noon. This year, the Tampa Bay region is exercising with us. He reported that we had a failure with last year's moulage vendor. We have found a new vendor but they are significantly more expensive, primarily because they are peel and stick which makes it much feaster to apply. He stated that we do not have to do a budget revision but he does want Board approval to spend more. He said that the moulage adds realism for the hospitals and is a satisfaction issue with the students who play victims. We do have significantly more hospitals and victims participating this year. Lynne advised that this is the largest hospital exercise in the nation and we expect more media attention this year. She thinks we can whittle down the amount a little.. Molly moved to approve the additional cost; Alan Harris seconded the motion. There was no further discussion or opposition and the motion passed.

New Business:

- **March Member Meeting**: Lynne advised that the agenda was sent to the Board and includes a cyber assessment with the Central Florida Cyber Coalition, conducting a SWOT analysis in preparation for the strategic planning session at the Board and a new speaker on leadership

and resiliency.

- **Governance Policy Updates**: Lynne advised that these were minor changes, including adding back the accountant, and removing the administrative position. Ken Peach moved to approve and Molly seconded. There was no further discussion or opposition and the motion carried.

- **Annual Retreat**: The annual retreat was moved to May 19th and Lynne is trying to secure a room in Viera. Eric encouraged all Board members to attend this important meeting where we develop a new strategic plan and set the priorities and budget for the coming year.

- **IMT Trailer:** Lynne stated that the new IMT trailer has been transferred from the state to the Coalition, and we are working on an announcement and a request process.

Board Open Forum:

- Dr. Johnson stated that there is a measles outbreak and reminded all that these cases must be reported to the county health department.

Next Meeting: May 19th Retreat