

**BROWARD REGIONAL HEALTH PLANNING COUNCIL
STRATEGIC PLAN
2016-2020**



BRHPC



Broward Regional Health Planning Council, Inc.
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www.brhpc.org

I. EXECUTIVE SUMMARY

Broward Regional Health Planning Council, Inc. (BRHPC) is a private not-for-profit corporation established in 1982 according to Section 408.033, Florida Statutes. BRHPC is committed to delivering health and human service innovations at the national, state and local level through planning, direct services, evaluation and organizational capacity building. BRHPC's purpose is to assume a leadership role in health planning, system coordination, community collaboration, and implementation of health and human services planning to meet the needs of the community. BRHPC has strived to demonstrate excellence through the delivery of quality services and programs that meet the needs of the entire community from infants to the elderly. These services include HIV/AIDS Planning, Quality Assurance, Eligibility, Housing Assistance, Consumer Advocacy, Mental Health, Chronic Disease Self-Management, Health Promotion, Disease Prevention, Substance Abuse, Maternal/Child Health and Forensic Re-integration. BRHPC provides coordinated, efficient cost-effective and client-centered services with a diverse workforce. BRHPC staff consists of over 173 culturally competent multilingual professionals fluent in Spanish, Creole, French, and Portuguese.

While developing BRHPC's three-year Strategic Plan, BRHPC's executive, managerial and supervisory staff looked at present Strengths, Weaknesses, Opportunities, and Threats (SWOT). It was agreed that BRHPC has many strengths, including an educated and dedicated workforce, an innovative and involved management team, a sound financial structure, and demonstrated community involvement. Weaknesses that were identified included a large diversity of program offerings which cause a higher volume of clients to enter the building. BRHPC wants to implement innovative solutions including safety measures and training, more robust communication across departments, levels, and with community partners, as well as consumers. BRHPC's application for COA accreditation has already begun the process of increasing its ability to standardize processes and improve methods of communication, particularly through the monthly Performance Quality Improvement Committee and weekly Executive Team meetings. Opportunities continue to present themselves in the area of meeting and exceeding performance measures. As a result of much reflection, sharper tools to measure growth and success were developed, such as the added analysis page to the BRHPC's monthly scorecard. Threats that still need to be addressed include legislative cuts and the economic environment, as BRHPC is subject to political decisions that impact funding and service delivery guidelines.

Critical issues and challenges include the following:

- A total of 64.9% of Broward County adults were determined to have a specific source of ongoing medical care. Less favorable than national findings (76.3%). 10.2% of respondents rely on a hospital emergency room, followed by 7.4% mentioning an urgent-care center. Only 3.9% usually go to some type of public health or community center, while 1.4% use a VA/military facility for their care.
- 17.6% of residents characterize local healthcare services as "fair" or "poor."

Strategic Goals for 2016-2020 are as follows:

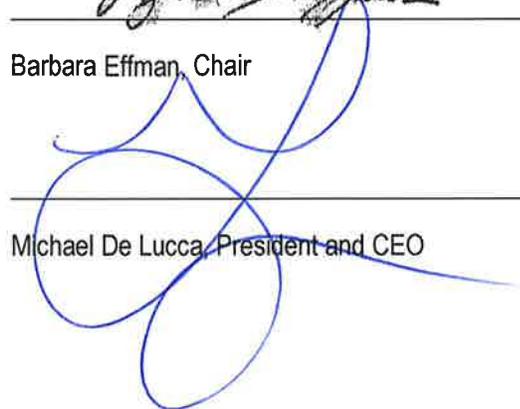
- **GOAL 1:** Improve Access to Health and Human Services
- **GOAL 2:** Improve Health and Human Services Outcomes
- **GOAL 3:** Improve the Quality of Health and Human Services
- **GOAL 4:** Eliminate Disparities
- **GOAL 5:** Improve Health and Human Programs and Services
- **GOAL 6:** Achieve Excellence in Management Practices

II. AUTHORIZATION

The signatures below attest that Broward Regional Health Planning Council's **Strategic Plan** was reviewed and approved on February 11, 2016 by the Board of Directors.



Barbara Effman, Chair



Michael De Lucca, President and CEO

III. MISSION, PURPOSE AND VISION

Mission Statement

Broward Regional Health Planning Council is committed to delivering health and human service innovations at the national, state and local level through planning, direct services, evaluation and organizational capacity building.

Purpose

To assume a leadership role in health planning, system coordination, community collaboration, and implementation of health and human services planning to meet the needs of the community.

Develop a district or regional area health plan that permits each local health council to advance strategies and set priorities for implementation based on its unique needs, and advise the District Administrator of the Department of Health on issues and resource allocation. Promote public awareness of community health and human service needs, emphasizing education, health promotion and cost-effective health services selection.

Collect data and conduct analysis and studies related to health and human service needs for Broward County and the State of Florida, including the educational and medical needs of indigent persons, and assist the Department of Health and other state agencies in carrying out data collection activities.

Vision

The Broward Regional Health Planning Council, Inc.'s vision is to improve the quality of healthcare services for the residents of Broward County.

Values

Consumer Orientation

We believe the consumer must be our primary focus. Their needs and involvement shape our attitudes and guide our activities.

Ethics

We believe in conducting ourselves with integrity and professionalism, ensuring public trust.

Quality

We believe that the quality of our services should exceed the expectations of our partners and funders.

Leadership

We believe in providing innovative leadership that advances the quality of healthcare services received by all members of our community.

Change and Innovation

We believe in facilitating change and innovation that improves and enhances our services.

Work Environment

We believe in a safe and productive workplace that is challenging, rewarding and enjoyable; where every employee is part of the team; and where trust, respect, creativity, and open communication prevail.

Citizenship

We believe in good citizenship through individual and organizational involvement in the community, in which we live and work.

IV. ORGANIZATIONAL PROFILE AND HISTORY

For over three decades, BRHPC has been a leader in identifying critical health and human services needs in the community and finding solutions to address these needs with its community partners.

BRHPC has strived to demonstrate excellence through the delivery of quality services and programs that meet the needs of the entire community from infants to the elderly. These services include HIV/AIDS Planning, Quality Assurance, Eligibility, Housing Assistance, Consumer Advocacy, Mental Health, Chronic Disease Self-Management, Health Promotion, Disease Prevention, Substance Abuse, Maternal/Child Health and Forensic Re-integration. BRHPC provides coordinated, efficient cost-effective and client-centered services with a diverse workforce. BRHPC staff consists of over 173 culturally competent multilingual professionals fluent in Spanish, Creole, French, and Portuguese.

BRHPC developed and manages the nationally recognized web-based Florida Health Data Warehouse, which allows users access to a wide variety of health related data sets, including AHCA's inpatient admissions and emergency department data, chronic disease data, diagnostic related groupings (DRGs), and prevention quality indicators for adults and children (PQIs and PDIs). BRHPC also provides the Business Intelligence System that customizes data needs from the Florida Health Data Warehouse.

BRHPC is honored to be able to continue the work of the Transforming Our Community's Health (TOUCH) initiative in Broward County by receiving a Partnership in Community Health (PICH) award from the U.S. Department of Health and Human Services' (HHS) Center for Disease Control and Prevention (CDC). The TOUCH initiative was originally funded for three years by the CDC and this award will allow us to continue to improve our community's health through an array of programs and projects for an additional three years. TOUCH is a true collaborative effort among more than 20 community partners and 10 coalitions focusing on reducing health disparities and improving the health and well-being of the residents of Broward County. BRHPC, through the TOUCH initiative and its community partners, is implementing programs and policy changes that address tobacco use and exposure, poor nutrition, physical inactivity and lack of access to chronic disease prevention, risk reduction and disease management.

BRHPC also provides expert services in the development of Community Health Needs Assessments and comprehensive plans. With over 15 years of experience in developing needs assessments, BRHPC assists hospitals and other organizations in meeting the IRS requirement for a comprehensive Community Health Needs Assessment, as well as addressing their planning needs. BRHPC has the capacity to gather up-to-date data, conduct focus groups, integrate hospital-specific data sets, and include customized reports based on each client's needs and requirements.

BRHPC offers Live Scan Fingerprinting technology for Level II Background Screening, which is recommended by the Department of Children and Families. Live Scan allows for electronic submission of fingerprint screens, with results in 24 to 48 hours, in comparison to the hard card fingerprint submission, which can take 4 to 6 weeks. BRHPC's fingerprinting clientele include hospital employees, guardian ad litem programs, doctors' offices, non-profit/social service agencies, and colleges and universities.

BRHPC takes pride in its more than 30 years of service history of strong fiscal management and experience administering multimillion dollar cost reimbursement and unit based contracts. With the strong commitment and dedication of its staff, administration and governing board, BRHPC is positioned to continue to strengthen and grow its ability to address the needs of the community.

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

WWW.BRHPC.ORG

MAP OF SERVICES 2015-2016

DIRECT SERVICES	<ul style="list-style-type: none"> • Healthy Families Broward • Nurse Family Partnership • Chronic Disease Self-Management Program • Diabetes Self-Management Program <p>Family Strengthening & Senior Programs</p> 	<ul style="list-style-type: none"> • Centralized Intake & Eligibility • HOPWA Short-Term Rent Mortgage/Utilities • HOPWA Permanent Housing Placement • HOPWA Case Management • Housing Stability Program • Supportive Services for Veterans and Families • Certified Application Counselors • AIDS Insurance Continuation Program • School Readiness / VPK <p>Eligibility, Housing & Insurance</p> 	<ul style="list-style-type: none"> • Forensic Reintegration Team • Crisis Intervention Training <p>Substance Abuse / Mental Health</p> 
	<ul style="list-style-type: none"> • Hospital Utilization • Prevention Quality Indicators • Pediatric Prevention Quality Indicators • Emergency Department • Self-Inflicted Injury • Disease Related Groups • Chronic Diseases • Business Intelligence <p>Data Warehouse</p> 	<ul style="list-style-type: none"> • Certificate of Need • Evaluation • Community Health Needs Assessment • Point-In-Time Homeless Count • Committees <p>Planning</p> 	<ul style="list-style-type: none"> • HIV Planning Council • HIV Needs Assessment • HIV Clinical Quality Assurance <p>HIV Planning</p> 
	<ul style="list-style-type: none"> • Broward County Health Plan • Fact Sheets • Broward Benchmarks • Broward County Health Profile • Broward County Trauma Plan • Special Needs Study <p>Publications</p> 	<ul style="list-style-type: none"> • Public Health • Public Policy • Human Services • Social Work • Administration • Training <p>Staff Development Volunteerism & Internships</p> 	<ul style="list-style-type: none"> • Electronic Fingerprinting Level II Background Screening • Financial Services • IT Innovation • Human Resources Support • Legal Oversight • Transforming Our Community's Health (TOUCH) • AIDS Drug Assistance Program • Health Insurance Co-pays/Deductibles <p>Administrative Services</p> 

DIRECT SERVICES

This section describes BRHPC's direct service programs, which serve uninsured and underinsured low-income Broward County residents

HEALTHY FAMILIES BROWARD

Program Overview

Healthy Families Broward is a voluntary home visitation program designed to prevent child abuse and neglect by promoting positive parenting practices and knowledge of child development and health and safety through modeling of appropriate parent-child interaction, sharing parent-child activities, use of curricula, and regular screening of target children. Potential participants are assessed for risk factors impacting healthy child development and associated with child abuse and neglect, such as low income, higher rate of child protective services involvement, low education attainment, limited support system and lack of self-sufficiency. The program serves families identified as being “at-risk”, with children 0-5 years of age. A participant may enter the program during the pregnancy stage or within 90 days of the child’s birth. A well-trained paraprofessional Family Support Worker visits at least once per week for the first six months and then on a diminishing schedule as the family progresses toward meeting goals. The role of the home visitor is to build a social connection with parents so as to reduce isolation and increase parents’ positive connection to their child and the community.

Target Population

Healthy Families Broward currently screens and assesses for risk factors associated with child abuse and neglect and other poor childhood outcomes on all new mothers who reside within the targeted zip codes (33311, 33020, 33023, 33004, 33060, 33069, 33009, 33024, and 33313) and give birth at Broward General Medical Center, Plantation General Hospital, Memorial Healthcare System and Holy Cross Hospital, or are identified prenatally through the Broward County Health Department using the Healthy Start screen. Additionally, mothers can self-refer for Healthy Families services or be referred by community service providers.

NURSE-FAMILY PARTNERSHIP

Program Overview

The Nurse-Family Partnership (NFP) program is an evidence-based community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Implementation of this program is made possible in Broward County with funding from the Maternal Infant and Early Childhood Education Home Visitation (MIECHV) grant (through the Florida Association of Healthy Start Coalitions) awarded to Broward Regional Health Planning Council, Inc. Through ongoing home visits from registered nurses, low-income, first-time moms receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. From pregnancy until the child turns two years old, Nurse-Family Partnership Nurse Home Visitors form a much-needed, trusting relationship with the first-time moms, instilling confidence and empowering them to achieve a better life for their children – and themselves.

Target Population

Broward Regional Health Planning Council, Inc. serves 100 mothers with this program. With the collaboration of both Memorial Healthcare System and Broward Health, NFP at Broward Regional Health Planning Council employs four Nurse Home Visitors to serve the county. Nurse Family Partnership eligibility includes: no previous live births; currently pregnant: less than 28 weeks gestation; low income; and reside in one of the following targeted Broward zip code: 33064, 33069, 33060, 33319, 33313, 33311, 33024, 33025, 33023.

CENTRALIZED INTAKE AND ELIGIBILITY DETERMINATION

Program Overview

The core Centralized Intake & Eligibility Determination (CIED) function includes determining eligibility for Ryan White Part A services and/or third party payers, and providing information and referrals for services. Centralized Intake & Eligibility Determination services include a centralized intake, eligibility, enrollment and information/referral process for all Ryan White Part A funded services. CIED serves as the single point of entry for Persons Living with HIV and AIDS (PLWHA) into the Emerging Metropolitan Areas' (EMA's) HIV care continuum including Ryan White Part A and other funders of similar services. Staff provides information and assistance in obtaining medical care, other core services and support services. Expected benefits for Persons Living with HIV/AIDS (PLWHA) include:

- Elimination of need to complete applications for each RW Part A service provider.
- Expanded 3rd party benefits through application and enrollment assistance.
- Reduction in delays and barriers to access HIV-related care and treatment.
- Immediate access to all Part A medical and support services in a single application.

Target Population

Persons living in Broward County with HIV/AIDS (PLWHA) who have low income, are uninsured and have no other means or funding available for health and/or support services. Special target populations include:

- Individuals who are aware of their HIV status but are not in HIV medical care; newly diagnosed with HIV and have dropped out of HIV primary medical care.
- Underserved groups such as women and minorities, men who have sex with men, substance users, persons not stably housed, recently released from incarceration and immigrants from other countries.

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Program Overview

The Housing Opportunities for Persons with AIDS (HOPWA) program offers housing assistance through its four programs for vulnerable individuals and families who are at-risk for homelessness or who are already homeless.

- *Short Term Mortgage Rent Utilities* provides financial assistance to pay for past due mortgage, rent or utilities.
- *Permanent Housing Placement* provides financial assistance in the form of first and last month's rent and/or utility deposits to move into a new housing unit that meets HUD's habitable standards.
- *Housing Case Management* provides clients a single point of contact with housing, health and social services systems in the community. Housing Case managers mobilize needed resources and advocate on behalf of clients to ensure housing stability.
- *Tenant Based Rental Voucher* provides rental assistance for eligible families with a long-term goal of assisting the family to work toward self-sufficiency. Families are able to rent a unit of their choice from landlords within Broward County.

Target Population

Low and Moderate Income Persons Living with HIV/AIDS (PLWHAs) throughout Broward County

HOUSING STABILITY PROGRAM

Program Overview

The Housing Stability Program (HSP) is offered either to prevent families from becoming homeless or help those who are experiencing homelessness to be quickly re-housed and stabilized. The program takes applications for emergency housing assistance from Broward County residents through 2-1-1 Broward. The program assists eligible low to moderate-income families with children through past due rent and utilities payments, as well as provides those families who are already homeless with move-in assistance toward returning to safe and stable housing. Intake and assessment, case management, support services referrals, budgeting and a savings match program are also available to ensure that families are able to maintain long-term housing stability.

Target Population

Families with children who are at risk of becoming homeless or who are experiencing homelessness.

FORENSIC RE-INTEGRATION PROGRAM

Program Overview

The Forensic Re-Integration Program provides services to Incompetent to Proceed (ITP) offenders with co-occurring mental health and substance abuse disorders. The program serves as a bridge that spans across the community, the jail, the forensic hospitals and the criminal justice system impacting the lives of a wide spectrum of individuals. Services include competency restoration, linkage to mental health services, peer support, housing placements, discharge planning, and linkage to public entitlements. The program promotes successful community re-integration of these individuals entrapped in the criminal justice system. It provides support and services to keep them psychiatrically and medically stable and provides engagement in meaningful activities. Individuals attend Competency Restoration Training which helps them become competent. Individuals are taught responsibility to enhance successful living and learn to be self-sufficient so that eventually they will become better citizens.

Target Population

Felony defendants with co-occurring disorders found Incompetent to Proceed (ITP) under Florida Statute.

SUPPORTIVE SERVICES FOR VETERANS AND FAMILIES

Program Overview

The Supportive Services for Veterans and Families (SSVF) program is an integral component of *Mission United*. The *United Way of Broward County* administers the *Mission United* collaborative, which is a multi-agency alliance that assists veterans in re-acclimating to civilian life. Veterans who are eligible for SSVF services are assigned a Case Manager who is responsible for completing an assessment and a housing plan for sustainability in maintaining permanent housing. The SSVF program is a “housing first” initiative. This evidenced based model asserts that the Client is housed first regardless of income. Also, it is a program component that all clients receive budget guidance and training at the onset of the program. SSVF Case Managers work diligently to secure income for the Veteran, in the form of VA benefits, Social Security, Medicaid, Medicare, including employment search and job readiness.

Target Population

- Veterans who have a Department of Defense (DD) Form 214 who served in active duty and discharged or released under conditions other than dishonorable.
- A Veteran whose income is at or below 50% of the Area Median Income (AMI) (very low income).
- Veterans and veteran families who are literally homeless (i.e. unsheltered, place not meant for human habitation, in homeless shelters, etc.).

NAVIGATORS

Health Insurance Marketplaces, also known as Affordable Insurance Exchanges opened for enrollment November 1st, 2015 and ended January 31st, 2016. The Marketplace uses a single streamlined application to determine eligibility for enrollment in Qualified Health Plans (QHPs) and for insurance affordability programs including advance payments of the premium tax credit. The Center for Medicare and Medicaid Services (CMS) established navigators and certified application counselors, as two types of assistance personnel available, to provide information to consumers and to help facilitate consumer enrollment in QHPs and insurance affordability programs. CMS mandated that all Federal Exchanges must have a navigators/certified application counselors program. Broward Regional Health Planning Council received a grant from the University of South Florida. The main goal of the Broward Navigator is to provide education and enrollment assistance to residents of Broward County, with an emphasis on persons who never had health insurance and were more likely to enroll with the assistance of a Navigator. Customers are provided assistance with enrolling into the Market Place and guidance in navigating Health Insurance Plan options.

Target Population

The Navigator program is open to all individuals with an emphasis on the minority community, inclusive of the Hispanic, Haitian and Caribbean populations. Broward Regional Health Planning Council recognized the diversity of the community and the need to serve individuals who otherwise would not seek health insurance for themselves.

PLANNING SERVICES

BRHPC planning tools and services, such as the Health Data Warehouse and the HIV Planning Division, promote public awareness of community health needs. Through planning activities, BRHPC collects data and conducts analyses and studies related to health care needs of the district, including the needs of medically indigent persons. Planning services also assist hospitals, community agencies and other state agencies in carrying out data collection activities.

MEDICAL FACILITIES UTILIZATION REPORTING SYSTEM

The ***Medical Facilities Utilization Reporting System*** improves upon a manual reporting system that BRHPC administered for over 30 years. These data sets are accessible online, improving program efficiency and overall functionality, including utilizing data to make capacity and quality related decisions. The database has the ability to generate 39 exportable and/or ready to print reports. It was expanded to become a strategic planning tool for administrators to assess variances in utilization.

FLORIDA HEALTH DATA WAREHOUSE

BRHPC developed the web-based Florida Health Data Warehouse with grant funding from the Health Foundation of South Florida, the Blue Foundation for a Healthy Florida and agency administrative dollars. This analytic engine provides geographically specific analysis functionality by Local Health Planning Council Districts and 67 counties. It is available to the public (**for a fee**) through BRHPC's website at www.brhpc.org. Health policy and planning administrators may utilize this profile to establish benchmarks and to identify target areas for quality improvement.

DIAGNOSIS RELATED GROUP DATA WAREHOUSE

The Diagnosis Related Group (DRG) Data Warehouse is a decision support tool for healthcare providers and planners. The Diagnosis-Related Group is a system to classify hospital cases into one of approximately 500 groups, also referred to as DRGs, expected to have similar hospital resource use. DRGs are assigned by a "grouper" program based on ICD diagnoses, procedures, age, sex, discharge status, and the presence of complications or co-morbidities. The BRHPC DRG Data Warehouse allows the user to quickly run customized reports by hospital medical services such as cardiology or orthopedics including DRG level detail by selected hospitals in an area using the Florida AHCA hospital inpatient database.

BUSINESS INTELLIGENCE (BI) SYSTEM

This past year, Broward Regional Health Planning Council (BRHPC), in collaboration with Nova Southeastern University, developed and implemented the **Business Intelligence (BI)** system to further expand the capabilities of its existing Health Data Warehouse. BI is an umbrella term that includes applications, infrastructure and tools, and best practices that enable access to and analysis of information to improve and optimize decisions and performance. BI is a collection of tools that enable analysis of data in order to assist in making informed decisions.

CERTIFICATE OF NEED

BRHPC has overseen the Certificate of Need (CON) program for Broward County since its establishment in 1982. The Florida Agency for Health Care Administration website describes the program as follows: *The CON program is a regulatory process that requires certain health care providers to obtain state approval before offering certain new or expanded services.* CON Batching Cycles are posted on the BRHPC website, www.brhpc.org.

HEALTH NEEDS ASSESSMENTS

BRHPC has access to a myriad of local data sets to facilitate the process of conducting a Community Health Needs Assessment that serves as the guiding document for strategic planning and allows agencies and hospitals to ensure compliance with new IRS requirements. In the process of conducting a Needs Assessment, quantitative and qualitative data sets from primary and secondary sources are gathered and studied. These elements are considered in the prioritization of issues, goal setting and integration into strategic planning for Broward County.

POINT-IN-TIME HOMELESS COUNT

The Point-in-Time (PIT) count provides information about the homeless population that is critical to program and service planning, helps to inform the allocation of resources for services to help the homeless, and offers a means of measuring the impact of homeless programs and services. In addition, it is required by the Department of Housing and Urban Development (HUD) as part of a national effort to enumerate the homeless population. Overseen by the Broward County Homeless Continuum of Care Board, BRHPC and their partners HandsOn Broward and Nova Southeastern University led the 2016 PIT Count efforts. Committees were formed that focused on various aspects of the count including: Public Communication, Sheltered Logistics, Unsheltered Logistics, Data Processing & Survey Instrument, and Volunteer Recruitment and Training.

COMMITTEE FACILITATION

Health Care Access Committee

BRHPC acts as facilitator for the Health Care Access Committee, established as a committee of the Coordinating Council of Broward. The purpose of the committee is to improve access to health care for the residents of Broward County, through the establishment of outcomes and indicators, which have been and will continue to be implemented and measured throughout the next several years. The members of the committee represent various facilities, agencies and/or departments within the county. This past year the committee developed a Maternal and Child Health Report, a Mortality and Morbidity Report, and a Broward County School Health Condition Report. The committee also reviewed and approved the Broward County Community Health Improvement Plan.

Health Services Planning (HSP) Committee

BRHPC convenes the Health Services Planning Committee to ensure the updating and accuracy of the Broward County Health Plan and Fact Sheets published by BRHPC.

Quality of Life Committee

The Coordinating Council of Broward (CCB) Quality of Life Committee works with other community leaders to identify the following seven quality of life indicators: Safety, Learning, Health, Economy, Environment, Government, and Transportation. In conjunction with the CCB Steering Committee, the Committee selected common eligibility as their community initiative. The development of One E App, a common eligibility program, provides eligibility determination and application submission for a range of publicly supported health programs such as Medicaid, Florida KidCare, Food Stamps, Temporary Assistance to Needy Families (TANF), Women Infants and Children (WIC), Earned Income Tax Credit (EITC), Child Tax Credit, LIHEAP and EHEAP. The software also includes a referral to Patient Access Link or other prescription discount programs. Health is a key component of Broward's prosperity and quality of life, which is only further emphasized in these economic times. BRHPC is committed to ensuring Broward residents receive high quality services to not only maintain, but improve, the community's health and well-being.

Primary Care Group

The Primary Care Group is an informal group of concerned community leaders representing the major providers of primary care services throughout Broward County. This collaborative and coordinated effort has resulted in a more effective and efficient primary care delivery system and has cemented a strong and collaborative working relationship among the primary care providers, as well as the state and local agencies supporting the system.

Other Committees

Staff of the Broward Regional Health Planning Council is involved with many committees throughout Broward County. A sampling of some of these committees includes: United Way Health Impact Committee, Nova Southeastern University Advisory Committee for Master of Public Health, Coordinating Council of Broward Board of Directors and Quality of Life Committee, Healthy Families Florida Advisory Committee, Children's Services Council Steering Committee and Abuse and Neglect Committee, March of Dimes Program Services Committee, Teen Parent Advisory Committee, Infant Mental Health Committee, Child Abuse Death Review Committee, Infant Services Workgroup, CSC In-Home Services Providers, BIHPI Coalition (Healthy Start), Drowning Prevention Task Force, SafeKids Coalition, Broward Aware, Immunization Task Force, Board of Broward Housing Solutions, Broward County Commission on Substance Abuse Board of Governors, Baker Act Task Force, United Way Public Policy Advisory Committee, Alcohol, Drug Abuse and Mental Health Planning Council, National Recovery Month Committee, FIU Advisory Committee for Master of Public Health, CMS Advisory Council, Broward Regional EMS Council and others.

HIV PLANNING COUNCIL

Broward County receives federal funding pursuant to the Ryan White Care Act for emergency relief in caring for Persons Living with HIV/AIDS (PLWHA). BRHPC began providing HIV/AIDS specific services in 1990 at the inception of the Ryan White Care Act. Since that time, the agency has coordinated the Ryan White Part A Broward County HIV Health Services Planning Council (HIVPC) and HIV Clinical Quality Management (CQM) support services. BRHPC staff works in collaboration with the Broward County Grantee staff, PLWHA, HIV providers and other funders such as Medicaid, Medicare, Social Security Administration, Veterans Affairs, Housing Opportunities for Persons With AIDS (HOPWA) Program and grantees for Ryan White Parts B, C, D, and F. BRHPC's HIV Planning Division staff has extensive community health planning expertise.

The Planning Council Support Staff provides professional and clerical support to the HIVPC and its seven standing committees: Executive, Community Empowerment, Needs Assessment/Evaluation, Priority Setting and Resource Allocation, Membership/Council Development, System of Care, and Quality Management. BRHPC also provides professional support for the Council's limited committees, such as ad-Hoc By-Laws, ad-Hoc Nominations, and ad-Hoc Local Pharmacy Advisory Committee. The HIVPC was created to plan how best to use the federal funding for quality care and treatment for PLWHA in Broward County.

CAPACITY BUILDING

This section presents publications, staff development/internship programs, and administrative services, through which BRHPC expands its staff and volunteer competency base and contributes to the growth and development of other community entities. These activities allow BRHPC to pursue planning, evaluating and capacity building, as well as provide technical assistance and service activities in furtherance of the Council's mission and in support of the Council's sustainability and growth opportunities.

BROWARD COUNTY HEALTH PLAN

In collaboration with the Healthcare Services Planning Committee, BRHPC develops and updates quarterly the Broward County Health Plan to assist community programs and agencies with health and community planning. Available to the public through the website (www.brhpc.org), the Health Plan is an eight-chapter dynamic document, continually updated, to ensure the most current information. It covers a vast spectrum of topics, reflecting the broad scope of issues affecting public health and highlighting the correlation between socioeconomics and community health.

Target Audience

The information is targeted to community members as well as community leaders in the following areas:

- Local Governments and Other Policymakers
- Healthcare Administrators
- Healthcare Providers
- Healthcare Funders
- Healthcare Professionals
- Healthcare Researchers
- Consumers and Other Stakeholders
- Public and Private Healthcare Financers

BROWARD COUNTY HEALTH BENCHMARKS

BRHPC, in collaboration with the Coordinating Council of Broward's (CCB) Quality of Life and Healthcare Access Committees, sets annual community health priorities, identifies community interventions, and measures progress attaining health improvements through the Broward County Health Benchmarks. The Health Benchmarks serve as a guide for local social service agencies to determine what strategies are working and to identify next steps to ensure the needs of the community are met. The Benchmarks are updated annually and are available on BRHPC's website (www.brhpc.org).

Target Audience

The information is targeted to community members as well as leaders in the following areas:

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- Healthcare Researchers
- Consumers and Other Stakeholders
- Public and Private Healthcare Financers

BROWARD COUNTY HEALTH PROFILE

BRHPC annually publishes the Broward County Health Profile, which provides a synopsis of Broward County health indicators. It is a compilation of statistics at the county and state levels, including population demographics, socioeconomic factors, leading causes of death, infectious diseases, maternal and child health, healthcare utilization, healthcare access and prevention quality indicators. The Health Profile assists local organizations and social services programs with identifying the services being utilized and where there are deficiencies in the healthcare delivery system in Broward County. As a result, these organizations and programs can more effectively plan and develop programs that meet the needs of the community. The Health Profile is updated annually and made available on BRHPC's website (www.brhpc.org).

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The information is targeted to community members as well as leaders in the following areas:

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BROWARD COUNTY TRAUMA MANAGEMENT

Broward Regional Health Planning Council, Inc. in partnership with the Broward County Trauma Management Agency, a section of the Broward County Office of the Medical Examiner and Trauma Services, develops the Five Year Trauma Plan and the Broward County Annual Trauma Report for the county's trauma services network. The Annual Trauma Report provides an overview of the operational functions of the county's trauma services system and its components. The report addresses such issues as Quality Assurance, Budgets, as well Demographics and Clinical Statistics.

STAFF DEVELOPMENT VOLUNTEERISM & INTERNSHIPS

BRHPC provides staff with training opportunities to build upon existing skills or develop new ones. The goal is to create opportunities for professional growth in the workplace. It also fosters internal promotion within the BRHPC workforce. BRHPC collaborates with local colleges, universities, and community agencies to offer internships and volunteer opportunities to upcoming professionals pursuing courses of study in the fields of Public Health, Public Policy, Human Services, Social Work and Administration. The goal is to create opportunities for individuals and students to develop new skills in a real world setting. Every summer, BRHPC hosts a number of high school/college students for its Summer Employment Program. The main function of this program is to provide students with the opportunity to work in a real-world environment while developing skills such as time management, teamwork and organization. While they never interface with clients, they assist with administrative and clerical duties in the office such as photocopying, scanning, and archiving files. They are also invited to committee meetings to be exposed to the decision-making process through various committees.

TRANSFORMING OUR COMMUNITY'S HEALTH: TOUCH

Three New Grants Extend the Reach of TOUCH

During FY 2014-15 Broward Regional Health Planning Council (BRHPC) was successful in obtaining three (3) new grants that will assist in continuing the accomplishments of TOUCH and its Community Partners who are working together for a healthier Broward. BRHPC was awarded \$1.7 million for a "Partnerships to Improve Community Health" (PICH) grant from the Centers for Disease Control and Prevention (CDC) supporting public health efforts to reduce chronic diseases, promote healthier lifestyles, and reduce health disparities. The USDA selected BRHPC to manage a Local Foods Promotion Program (LFPP) grant to be implemented in collaboration with other local partners in an initiative entitled: *PATCH CAN!* (Peoples Access to Community Horticulture for a Community Agriculture Network). This grant will help grow South Florida's local and regional food systems, engage local market gardeners and farmers and improve our resident's access to fresh, healthy, locally grown foods. The work will build upon the success of the City of Dania Beach's Community Redevelopment Agency's PATCH Market Garden. United Way of Broward County awarded BRHPC a "Community Impact" grant to Prevent and Reduce Childhood Obesity. The new program entitled *Healthy KIDS Broward* provided in collaboration with FLIPANY (Florida Introduces Physical Activity and Nutrition to Youth) is based on the nationally recognized "Trim Kids" model. While this program focuses on prevention and reduction of childhood obesity it also promotes long-term healthy lifestyles thus avoiding the onset of chronic conditions such as diabetes and heart disease. The program's holistic approach requires parent/caregiver involvement to ensure there is family support of healthy eating and active living behaviors.

ELECTRONIC FINGERPRINTING FOR LEVEL II BACKGROUND SCREENING

In order to assist community agencies and providers in meeting the new legislation that took effect August 1, 2010, BRHPC acquired equipment with the capability to scan for fingerprints electronically for **Level II Background Screening**, using **Live Scan technology**.

FINANCIAL SERVICES

Broward Regional Health Planning Council has been in business for over 30 years in good financial standing and offers emerging non-profit organizations technical assistance and oversight with implementing the administrative and fiscal infrastructure necessary to:

1. Ensure compliance with federal, state and local funding requirements
2. Establish and maintain effective internal controls to comply with accounting principles and audit standards

INFORMATION TECHNOLOGY INNOVATION

The BRHPC Information Technology Department has the capability to host and design websites and the expertise to design databases, data mine and provide data warehousing.

HUMAN RESOURCES SUPPORT

Proactive Human Resources is essential to prevent, mitigate and reduce the many liabilities present in public and business administration. It is also necessary to take advantage of opportunities to hire, develop, encourage and provide the skills, experience, knowledge, and encouragement necessary for employee excellence. Primary areas of Human Resources support at the Broward Regional Health Planning Council include management of employment transactions, supervisory advice, assistance and support, correspondence and document review, policy review and updates, position description maintenance, critical incident intervention, disciplinary action support, compliance advice, training, and, quite literally, 24/7 availability for advice and intervention if required. Related to the employment function is the management of risks, employee benefits and payroll.

LEGAL OVERSIGHT

Legal oversight for BRHPC is provided through its General Counsel who reviews, updates, amends as required, and makes recommendations as to form and content of the BRHPC's contracts and sub-contracts. This is done both with funders of BRHPC activities and with providers rendering services to the BRHPC, and are performed regularly as requested by BRHPC.

ORGANIZATIONAL MANDATES

The Broward Regional Health Planning Council, Inc. is a private not-for-profit corporation established in 1982 according to Section 408.033, Florida Statutes.

Originally associated with the Department of Health and Rehabilitative Services, the Council is now associated with the Department of Health. The “service district” of this council is District 10 of the Agency for Health Care Administration, which consists of Broward County.

Board of Directors Membership: Twelve (12) members.

(1) Each Broward County Commissioner shall appoint one (1) member.

(2) Three (3) members shall be appointed at-large by the Broward County Commission.

Members shall be representatives of health care providers, health care purchasers, and nongovernmental health care consumers. Members of the consumer group shall include a representative number of persons over sixty (60) years of age. A majority of members shall consist of health care purchasers and health care consumers.

(a) Health care providers – an individual who delivers health services or who is a member of an organization that delivers health services. This may include but is not limited to physicians, medical doctors, osteopaths, dentists, podiatrists, nurses, chiropractors, physician assistants, dental assistants, mental health professionals and other allied health professionals, administrators and employees of health care institutions.

(b) Health care purchasers – an individual who is responsible for or an authorized member of an organization or agency which is responsible for the purchase of health services for a group of 25 or more individuals either directly or through acquisition of health insurance coverage. This may include but is not limited to representatives of individual businesses, employer coalitions, governmental units, labor organizations, consumer groups and health insurers.

(c) Non-governmental health care consumer – an individual who is not a health care provider or health care purchaser. This may include but is not limited to elected government officials, members of the general public and representatives of consumer organizations.

(d) Non-governmental health care consumer over 60 years of age.

Terms: Two (2) years and may be reappointed.

Coordinator: Michael De Lucca, Chief Executive Officer

CRITICAL ISSUES AND CHALLENGES

Every year, BRHPC commissions a **Community Health Needs Assessment**, a follow-up to nine similar studies conducted since 1994, which is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Broward County, Florida. Subsequently, this information is used to inform decisions and guide efforts to improve community health and wellness. This assessment was conducted on behalf of Broward Regional Health Planning Council by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

The survey instrument used for this 2015 study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the Broward Regional Health Planning Council and PRC and is similar to the previous surveys used in the region, allowing for data trending. The study area for the survey effort is defined as each of the residential ZIP Codes comprising Broward County, Florida. The sample design used for this effort consisted of a stratified random sample of 412 individuals age 18 and older in Broward County.

- 19.5% of Broward County adults believe that their overall health is “fair” or “poor.”
- Adults 65+ and residents living at lower incomes are more likely to report experiencing “fair” or “poor” overall health (note the positive correlation with age).
- A total of 21.5% of Broward County adults are limited in some way in activities due to a physical, mental or emotional problem.
- A total of 20.5% of Broward County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).
- A total of 36.5% of adults have been told at some point that their blood pressure was high.
- A total of 34.2% of adults have been told by a health professional that their cholesterol level was high.
- A total of 13.8% of Broward County adults report having been diagnosed with diabetes. This denotes a statistically significant increase over the past 21 years.
- A total of 2 in 3 Broward County adults (66.6%) are overweight. This denotes a statistically significant increase over the past 20 years.
- 24.3% of Broward County adults are obese.
- Cigarette smoking is more prevalent among adults age 40-64 and Whites when compared with Hispanics.
- 20.4% report that cost prevented a prescription medication which was needed in the past year.
- A total of 64.9% of Broward County adults were determined to have a specific source of ongoing medical care. Less favorable than national findings (76.3%). 10.2% of respondents rely on a hospital emergency room, followed by 7.4% mentioning an urgent-care center. Only 3.9% usually go to some type of public health or community center, while 1.4% use a VA/military facility for their care.
- 17.6% of residents characterize local healthcare services as “fair” or “poor.”

TECHNOLOGY AND INFORMATION MANAGEMENT PLAN

The organization develops a written technology and information management plan to ensure sufficient capability to support current and future operations which includes:

1. An explanation of how technology will aid in accomplishing the overall mission of the organization;
2. An overview of current information and technology systems in use by the organization;
3. Short- and long-term goals for utilizing technology;
4. An assessment of current technical skills of staff and a plan for additional staff training, as necessary; and
5. Criteria for meeting technology goals, such as a strategy, timeline, and budget.
6. The organization protects confidential and other sensitive information from theft, unauthorized use or disclosure, damage, or destruction by:
 - a. limiting access to authorized personnel on a need-to-know basis (based on staff role within the organization);
 - b. using firewalls, anti-virus and related software, and other appropriate safeguards
 - i. ensuring the electronic system requires passwords for access to confidential information, requires passwords to be regularly changed, locks the user out of the system for incorrect log in attempts, and automatically times out after a period of inactivity.
 - ii. disabling the passwords and access of former employees; and
 - iii. ensuring the system is capable of recording the person accessing confidential information in the system, and records when information is altered or deleted, also known as audit logs.
 - c. maintaining paper records in a secure location:
 - i. Case records are maintained and disposed of in a manner that protects privacy and confidentiality, and the organization:
 1. maintains case records for at least seven years after case closing unless otherwise mandated by law; and
 2. properly disposes of records in the event of the organization's dissolution.
7. Policies and procedures for managing web-based technologies and electronic communications:
 - a. Confidential information, when electronically transmitted, is protected by safeguards in compliance with applicable legal requirements.
 - b. The organization posts a privacy policy on all publicly accessible websites. -- *A website privacy policy informs website visitors that any information the website or internet service provider collects, with or without their knowledge, will not be misused.*
 - c. Interpretation: "Web-based technologies and electronic communications" include, but are not limited to: the organization's own website, email, external websites, blogs, social media and networking sites, wikis, discussion forums, and photo and video sharing sites where the organization's staff may interact with each other or with service recipients. Risks associated with the use of web-based technologies and electronic communications may include:
 - i. unauthorized or prohibited contact between staff and service recipients;
 - ii. unauthorized or inappropriate use of organization logos or trademarks;
 - iii. personal comments or opinions that can be misconstrued as representing the views of the organization, or that present the organization in a negative light;
 - iv. inadvertent or deliberate disclosure of confidential or proprietary business information; and
 - v. inadvertent or deliberate disclosure of confidential or protected information about service recipients.

Interpretation: All publicly accessible websites maintained by the organization should convey current, clear, and accurate organizational and programmatic information.

8. Plan or procedures for managing data interruptions. The organization is prepared for the interruption of data and limits the disruption to its operations and service delivery by:
 - a. maintaining procedures for managing data interruptions and resuming operations;
 - b. notifying staff of procedures for data interruption;
 - c. backing up electronic data regularly, with copies maintained off premises;
 - d. regularly testing the organization's back up plan, including data restoration processes;
 - e. maintaining contact information for all staff; and
 - f. developing procedures for alternative methods of communication with staff and stakeholders during periods of disruption.

STRATEGIC GOALS AND OBJECTIVES

Goals, Objectives, and Strategies

- GOAL 1:** Improve Access to Health and Human Services
- GOAL 2:** Improve Health and Human Services Outcomes
- GOAL 3:** Improve the Quality of Health and Human Services
- GOAL 4:** Eliminate Disparities
- GOAL 5:** Improve Health and Human Programs and Services
- GOAL 6:** Achieve Excellence in Management Practices

Goals focus on the uninsured, underserved, and special needs populations in its goals and program activities:

- Deliver results that are useful to consumers and communities directly served by programs.
- Be accountable for programs and the efficiency and quality of services.
- Focus on prevention of disease, illness, and social problems through health promotion.
- Create useful, effective forms of collaboration.
- Provide accurate, reliable, understandable and timely information.
- Apply evidence based knowledge and models.
- Foster flexibility and encourage innovation.
- Foster a respectful and supportive work environment.
- Maintain a work place that is free from discrimination in all policies, procedures and practices.

GOAL 1: IMPROVE ACCESS TO HEALTH AND HUMAN SERVICES

Objective 1.1 Expand the capacity of the health and human services safety net.

Objective 1.2 Promote access to health insurance and maximize use of available reimbursements.

- Provide technical assistance to providers and programs regarding ability to maximize appropriate third party reimbursement or prospective payment for service.
- Encourage providers and programs to facilitate the enrollment of eligible individuals into Medicaid, CHIP, Medicare and other appropriate health insurance programs.
- Promote health care financing systems and approaches that increase access to care by reducing barriers to payment.

GOAL 2: IMPROVE HEALTH AND HUMAN SERVICES OUTCOMES

Objective 2.1: Expand service availability, particularly to underserved, vulnerable, and special needs.

- Increase participation of eligible underserved, vulnerable, and special needs individuals receiving comprehensive, culturally competent, quality services.
- Target resources to underserved communities and un/underinsured people disproportionately impacted.
- Promote utilization of services by underserved populations, including children with special needs.
- Support community efforts to identify underserved, vulnerable and special needs populations.

Objective 2.2: Increase the utilization of preventive health care and chronic disease management services, particularly among underserved, vulnerable and special needs populations.

- Increase participation of eligible individuals receiving care through programs having preventive and chronic disease management services (e.g., routine screening such as newborn screening for congenital disorders, immunization, prenatal care, counseling, etc.).
- Identify and share solutions for increasing prevention and disease management services.

GOAL 3: IMPROVE THE QUALITY OF HEALTH AND HUMAN SERVICES

Objective 3.1: Promote effectiveness of health and human services.

- Ensure programs providing services meet or exceed accepted quality and accreditation standards.
- Ensure proactive system to identify, monitor and correct errors.
- Assure programs care implement appropriate follow-up and referral services.
- Ensure demonstrated ability to deliver culturally competent and appropriate services.
- Promote and support performance improvement efforts providing reviews and assistance.

Objective 3.2: Promote access to, and appropriate use of, health and human services information.

- Develop appropriate health and human services information in collaboration with consumers and community partners that takes into consideration cultural values, linguistic differences and literacy.
- Disseminate health care information materials in collaboration with community partners that take into consideration cultural values, linguistic differences and literacy.

Objective 3.3: Promote the implementation of evidence-based methodologies and best practices.

- Identify and document best/innovative practice models.
- Disseminate best/innovative best practices.
- Encourage adoption and utilization of appropriate evidence-based practice guidelines

GOAL 4: ELIMINATE DISPARITIES

Objective 4.1: Focus resources and services on conditions with the greatest disparities.

- Focus efforts to reduce incidence of low birth weight for populations disproportionately affected.
- Focus efforts to reduce infant mortality for populations disproportionately affected.
- Direct efforts to increase the percentage of children who are screened early and continuously for special health care needs and linked to medical homes, appropriate follow-up and early intervention.
- Focus efforts to reduce deaths due to AIDS in populations that are disproportionately affected.

Objective 4.2: Promote outreach efforts to reach populations most affected by health disparities.

- Establish collaborative efforts related to raise awareness about risks and how to reduce these risks.
- Establish partnerships to help reach diverse populations most affected by disparities.

Objective 4.3 Promote the integration of cultural competency into programs, policies and practices.

- Assure that programs reflect an emphasis on promoting cultural competency.
- Support cultural competence training for staff and provider community.

GOAL 5: IMPROVE HEALTH AND HUMAN PROGRAMS AND SERVICES

Objective 5.1 Utilize trend data to assist in targeting program resources toward goals.

- Inform policy decisions by using the most current public health and health care data available.
- Improve the performance of programs, providing performance reviews, analyzing performance trends/issues and providing feedback on the impact of program implementation and performance.

Objective 5.2 Increase collaborative efforts to improve capacity and efficiency.

- Increase coordination among public and private sector organizations to improve program impact.
- Assure the development of a strategic, coordinated approach that addresses technical assistance for issues, especially HIV/AIDS, maternal and child health, workforce, and other areas of expertise.
- Promote and support cross-program, performance improvement efforts community strategic partnership reviews.

GOAL 6: ACHIEVE EXCELLENCE IN MANAGEMENT PRACTICES

Objective 6.1 Foster and lead a high-quality well-trained workforce.

- Maintain an equitable, progressive and respectful workplace.
- Conduct ongoing workforce planning, including recruitment and retention of key staff.
- Implement an “emerging internal workforce” recruitment program (e.g., details, developmental assignments, and mentoring programs), and focusing on an active external hiring of highly educated adaptable individuals.
- Increase employee accountability for achieving measurable results through performance contracts.
- Enhance training and career development opportunities for employees.
- Conduct evaluations that examine selected functions for cost comparisons to identify opportunities for increased efficiency and effectiveness.
- Encourage creativity, diversity, innovation, teamwork, accountability, continuous learning, a continuous quality improvement loop inclusive of all employees, a sense of urgency, enthusiasm, trust, and the highest ethical standards.

Objective 6.2 Strategically manage information technology to support programs.

- Support development of a progress report system.
- Provide a secure and trusted IT environment.
- Enhance the quality, availability, and delivery of information and services.
- Support IT infrastructure and administrative systems that foster innovation and collaboration.
- Enable and improve the integration of health and human services information.
- Achieve excellence in IT management practices.

Objective 6.3 Preserve the financial integrity of programs and activities.

- Ensure an agency-wide financial management system that supports financial analysis, performance measurement and operational decision-making.
- Comply with annual audit reporting guidelines and standards.
- Conduct reviews of programs, procedures and activities.

Objective 6.4: Administer fair, consistent, transparent and efficient programs.

- Develop and maintain policies and procedures to ensure consistent administration of programs.
- Document program performance and quality improvement initiatives.

Objective 6.5 Identify and capitalize on opportunities for cross-program collaboration.

- Support collaborative efforts to address cross-training staff and policy issues.
- Develop multicultural working relationships to enhance knowledge base and dissemination of information.

APPENDICES

- A. Description of Strategic Planning Process
- B. Assessment of Strengths and Weaknesses/ SWOT Analysis
- C. Environmental Scan
- D. Copies of Any External Assessments / Data Sources Used
- E. Organizational Chart
- F. Board Member List and Profiles
- G. Short-Term Plan
- H. Human Resources Plan
- I. Financial Plan
- J. Other Relevant Documents

A. Description of Strategic Planning Process

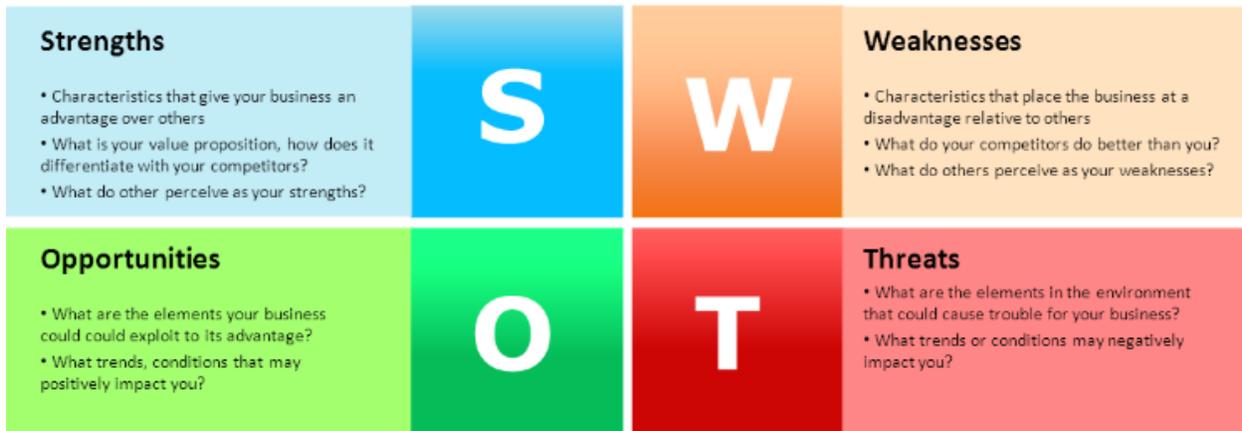
While developing BRHPC's three-year Strategic Plan, BRHPC's executive, managerial and supervisory staff looked at present Strengths, Weaknesses, Opportunities, and Threats (SWOT). The purpose of the SWOT analysis was to determine how strengths and opportunities could be increased and how weaknesses and threats could be overcome to create new strengths and opportunities.

From the SWOT analysis, it was agreed that BRHPC has many strengths, including an educated and dedicated workforce, an innovative and involved management team, a sound financial structure, and demonstrated community involvement. Weaknesses that were identified included a large diversity of program offerings which cause a higher volume of clients to enter the building. BRHPC wants to implement innovative solutions including safety measures and training, more robust communication across departments, levels, and with community partners, as well as consumers. BRHPC's application for COA accreditation has already begun the process of increasing its ability to standardize processes and improve methods of communication, particularly through the monthly Performance Quality Improvement Committee and weekly Executive Team meetings. BRHPC facilitates peer to peer exchange through the Performance Quality Improvement Committee meetings, whereby interdepartmental teams are formed for the purpose of reviewing each other's processes and to learn from one another. These teams then report their findings and action plans back to the PQI Committee meeting on a quarterly basis. During the weekly Executive Team meetings, an emphasis is placed on budgeting and finance.

Opportunities continue to present themselves in the area of meeting and exceeding performance measures. As a result of much reflection, sharper tools to measure growth and success were developed, such as the added analysis page to the BRHPC's monthly scorecard. Threats that still need to be addressed include legislative cuts and the economic environment, as BRHPC is subject to political decisions that impact funding and service delivery guidelines.

Additionally, this past year, BRHPC contracted with a marketing consulting firm to assess its level of collaboration with community partners, to elicit feedback as to unmet needs in the community that could be addressed by the organization, and to better understand how the community views and utilizes its services offered. 46.7% of the organizations have had a relationship with BRHPC for more than 10 years. Most respondents expressed a positive "experience" of working with BRHPC and qualified the agency as "flexible, collaborative, accessible, and transparent". Other feedback include for BRHPC to lead in delivery system coordination, and facilitation of direct collaboration among area providers. Taking into consideration this feedback, BRHPC has positioned itself to serve as lead in collaborative grant applications with BRHPC as the lead, examples include the School Readiness/VPK and TOUCH program grant applications, to name a few.

B. Assessment of Strengths and Weaknesses/ SWOT Analysis



S	W	O	T
Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> - Board support and involvement. - Ability to create and develop customized data systems. - Comprehensive Scorecard system, covering both program and administrative functions. - Sound financial structure - Diversified funding structure. - Ability to get sole source funding. - Leadership team and staff development devoted to agency/program mission and goals. - An educated and dedicated diverse workforce that is multi-lingual. - Demonstrated community partnerships. 	<ul style="list-style-type: none"> - With a 58% growth in employee workforce comes a higher volume of consumer and guests visits to the building, which requires more stringent safety procedures and trainings. - Staff experiencing “compassion fatigue” due to multiple client crises. 	<ul style="list-style-type: none"> - Change in US Presidency and elected officials brings new legislation, which may lead to new grant opportunities. - Hospital districts must develop their community benefit plans and demonstrate their re-investment in the local community. - Partnerships with local universities help to strengthen the BRHPC internship program and facilitate staff recruitment. 	<ul style="list-style-type: none"> - Legislative cuts. - Economic environment.

C. Environmental Scan

Demographic and socioeconomic factors influence health status and impact availability of health resources, resulting in increased utilization rates and decreased availability in healthcare financing.

DEMOGRAPHIC CHARACTERISTICS

According to the 2010 Census, Broward County has become the most racially diverse county in South Florida (when compared to Palm Beach and Miami-Dade Counties).

Broward's Hispanic population is growing at a faster rate than Black and non-Hispanics. The County's Hispanic population continues to grow more diverse, as new residents from Puerto Rico, Columbia, Nicaragua, Mexico, Dominican Republic, Peru, Honduras and Venezuela establish communities in the region (each with more than 30,000 residents). According to the 2010 US Census estimates, Broward was home to 438,247 Hispanics, comprising 25.1 percent of the Broward population. By 2014, this number increased to 513,676, representing 26.9 percent of the population.

The percentage of Broward and Florida populations by race and ethnicity is depicted in the following tables. In 2010 and 2014, Broward had a higher percentage of minorities than Florida as whole, further illustrating the diversity in the County. The tables also illustrate that "White" represents the largest proportion of the population, followed by "Black/African American."

Population By Race, 2010				
	Broward		Florida	
	#	%	#	%
Reported One Race	1,697,215	97.1%	18,328,733	97.5%
White	1,102,231	63.1%	14,109,162	75.0%
Black/African American	467,519	26.7%	2,999,862	16.0%
American Indian & Alaska Native	5,065	0.2%	71,458	0.2%
Asian	56,795	3.2%	454,821	2.4%
Native Hawaiian & Other Pacific Islander	911	0.1%	12,286	0.1%
Other Race	64,694	3.7%	681,144	3.6%
Two or more races	50,851	2.9%	472,577	2.5%
TOTAL	1,748,066	100%	18,801,310	100%

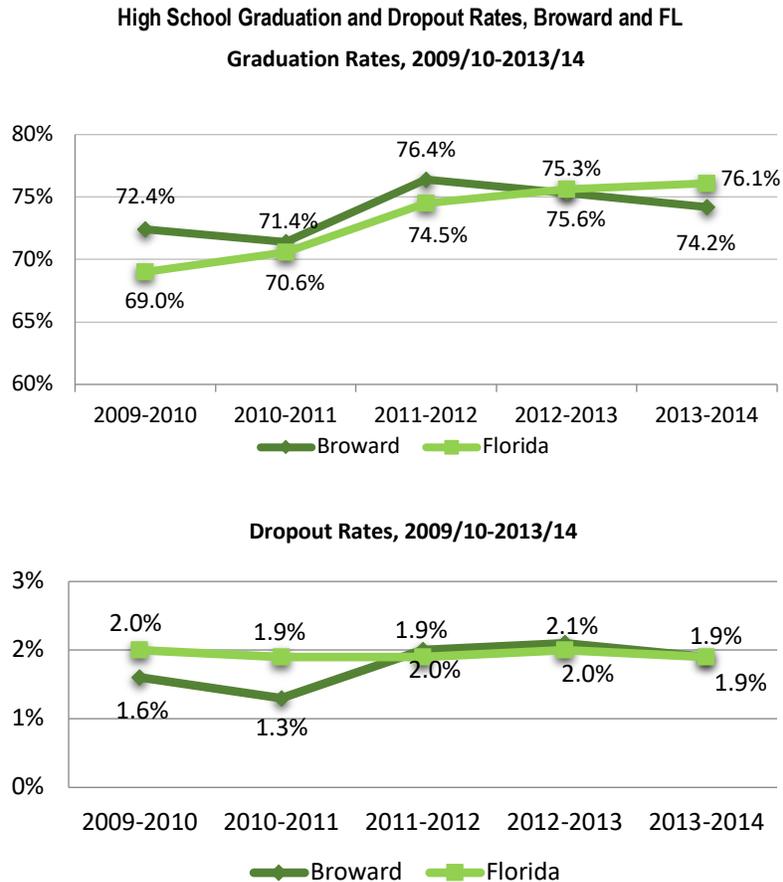
Source: U.S. Census Bureau, 2010 Census

Population By Race, 2014				
	Broward		Florida	
	#	%	#	%
Reported One Race	692,082	97.0%	4,779,437	97.6%
White	1,177,153	62.9%	15,113,860	75.9%
Black/African American	518,878	27.8%	3,221,160	16.2%
American Indian & Alaska Native	5,733	0.3%	53,014	0.3%
Asian	68,879	3.7%	524,583	2.6%
Native Hawaiian & Other Pacific Islander	1,089	0.6%	15,149	0.1%
Other Race	41,367	2.2%	489,726	2.5%
Two or more races	56,136	3.0%	475,805	2.4%
TOTAL	1,869,235	100%	19,893,297	100%

Source: American Community Survey, 2014

EDUCATION

As seen the figure below, the graduation rate in Broward County has increased from 72.4% to 74.2% over a 5-year period. Although Broward's graduation rate in 2013/14 rate was a decrease from the previous year and fell below Florida's rate. Dropout rates in Broward increased from 2.1% to 1.9% in the 2013/14 school year, equaling Florida's rate.



Source: Florida Department of Education

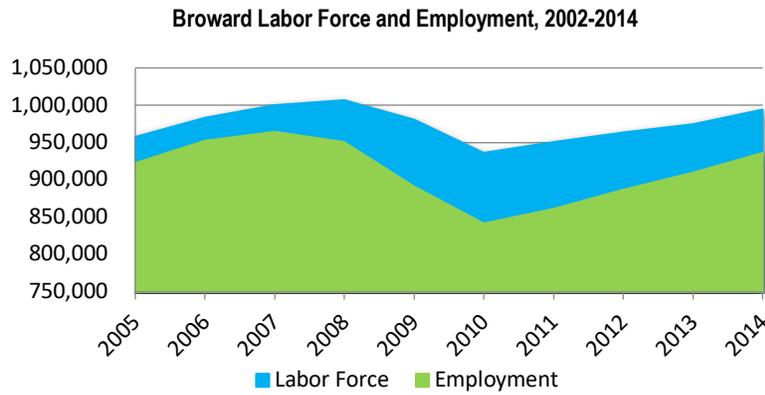
The table below depicts educational attainment for the population 25 years of age and older. Compared to the entire state of Florida, Broward has a higher percentage of attainment for both a “high school degree or higher” and “a bachelor’s degree or higher”.

	2013		2014	
	Broward	Florida	Broward	Florida
% HS graduate or higher	88.4%	86.8%	88.4%	87.2%
% High School Graduate	27.1%	29.5%	29.6%	28.7%
% Some college, no degree	21.0%	20.7%	19.2%	20.7%
% Associate’s degree	9.9%	9.5%	10.0%	9.7%
% Bachelor’s degree or higher	30.5%	27.2%	30.5%	27.3%
% Bachelor’s degree	19.9%	17.6%	19.6%	17.4%
% Graduate or professional degree	10.6%	9.7%	10.9%	9.8%

Source: American Community Survey, 2013, 2014

EMPLOYMENT

The figure below outlines the size of Broward's labor force over time compared with the number of people employed. As the figure illustrates, the labor force has exceeded employment consistently over time. In 2014, there was an increase in employment, with job growth at approximately 2.89%, compared to the previous year at 2.56% as reflected in the table.

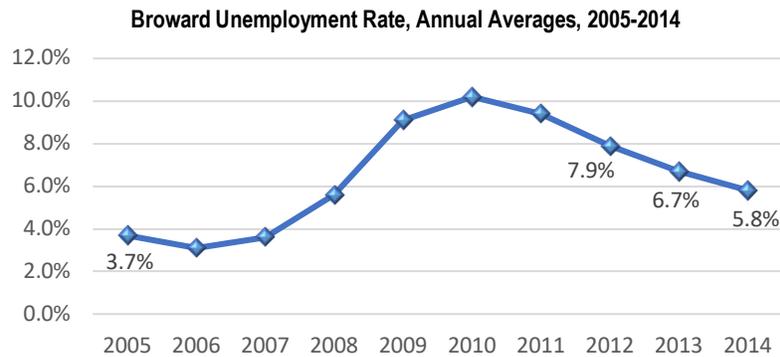


Source: www.floridajobs.org Florida Agency for Workforce Innovation, Bureau of Labor Market Information.

Year	Labor Force	Employment	Job Growth		Unemployment	
			#	%	#	%
1992	697,932	636,544	11,679	1.87%	61,388	8.8%
1993	714,404	663,488	26,944	4.23%	50,916	7.1%
1994	733,322	686,008	22,520	3.39%	47,314	6.5%
1995	744,195	700,918	14,910	2.17%	43,277	5.8%
1996	762,609	722,272	21,354	3.05%	40,337	5.3%
1997	781,160	741,758	19,486	2.70%	39,402	5.0%
1998	793,694	756,557	14,799	2.00%	37,137	4.7%
1999	802,535	768,455	11,898	1.57%	34,080	4.2%
2000	855,214	824,113	55,658	7.24%	31,101	3.6%
2001	882,428	842,626	18,513	2.25%	39,802	4.5%
2002	899,193	846,696	4,070	0.48%	52,497	5.8%
2003	904,653	855,939	9,243	1.09%	48,714	5.4%
2004	917,754	875,999	20,060	2.34%	41,755	4.5%
2005	957,619	922,294	46,295	5.28%	35,325	3.7%
2006	983,211	952,640	30,346	3.29%	30,571	3.1%
2007	1,000,426	964,482	11,842	1.24%	35,944	3.6%
2008	1,006,721	950,763	-13,719	-1.42%	55,958	5.6%
2009	980,551	891,041	- 59,722	-6.28%	89,510	9.1%
2010	936,563	841,473	-49,568	-5.56%	95,090	10.2%
2011	950,924	861,287	19,814	2.35%	89,637	9.4%
2012	963,477	887,033	25,746	2.99%	76,444	7.9%
2013	974,778	909,709	22,676	2.56%	65,069	6.7%
2014	994,081	936,010	26,301	2.89%	58,071	5.8%

Source: Florida Agency for Workforce Innovation, Bureau of Labor Market Information, 2014

Broward County has experienced an improvement in unemployment annually since 2010.



Source: www.floridajobs.org, Florida Agency for Workforce Innovation, Bureau of Labor Market Information.

POVERTY

14.4 percent of all Broward residents and 19.7 percent of people under the age of 18 are living in poverty. Of families with children under the age of 18, 16.2 percent were reported at or below the Federal Poverty Level (FPL). The percentage of people in Broward living below the poverty line from 2012 to 2014.

% Whose Income* is Below Poverty Level, 2011 - 2013			
	2012	2013	2014
All families	11.7%	11.8%	11.3%
With related children under 18 years	16.5%	15.7%	16.2%
With related children under 5 years only	15.2%	18.1%	15.2%
Married couple families	7.5%	6.7%	5.5%
With related children under 18 years	9.8%	6.7%	6.4%
With related children under 5 years only	8.4%	8.2%	4.1%
Families with female householder, no husband present	21.6%	24.1%	25.5%
With related children under 18 years	28.6%	30.5%	34.5%
With related children under 5 years only	29.1%	33.6%	44.0%
All people	15.1%	15.1%	14.4%
Under 18 years	21.0%	18.9%	19.7%
Related children under 18 years	20.7%	18.7%	19.4%
Related children under 5 years	24.3%	23.2%	20.6%
Related children 5 to 17 years	19.4%	17.0%	18.9%
18 years and over	13.5%	14.0%	12.9%
18 to 64 years	13.4%	14.0%	13.2%
65 years and over	13.7%	14.1%	11.9%
People in families	13.0%	12.2%	12.0%
Unrelated individuals 15 years and over	22.9%	26.6%	24.1%

Source: American Community Survey 2012, 2013, 2014
*Income in the past 12 months

The challenges poverty imposes on individuals and families are numerous. Of particular concern are individuals who avoid or delay seeking healthcare due to their impoverished status.

HOUSING

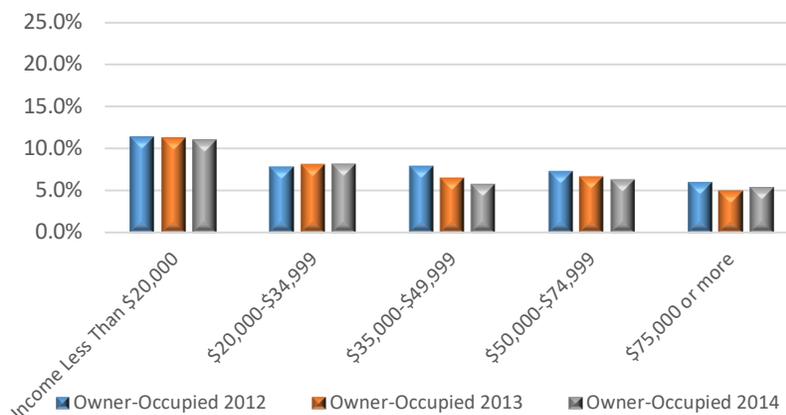
Economic crises, including unemployment and foreclosures, increase the number of individuals and families at risk of becoming homeless. The growing foreclosure crisis among Florida homeowners has created a new group of homeless individuals and added to the demand for affordable rental housing. **Error! Reference source not found.** depicts the gross rent reported for Broward in 2013 and 2014. The 2014 median rent in Broward was \$1,194, with 38.0 percent of rental units falling between \$1,000 and \$1,499. There was a slight increase from 2013's median rent which was \$1,162.

Broward Gross Rent, 2013 vs. 2014				
Gross Rent	2013		2014	
	# Units	%	# Units	%
< \$200	951	0.4	1,145	0.5
\$200-\$299	3,414	1.4	2,650	1.0
\$300-\$499	4,438	1.8	3,688	1.5
\$500-\$749	17,079	7.0	16,270	6.4
\$750-\$999	53,821	22.0	57,551	22.7
\$1,000-\$1,499	96,862	39.6	96,522	38.0
> \$1,500	58,545	23.9	66,203	26.1
NO CASH RENT	9,447		9,829	
MEDIAN RENT	\$1,162		\$1,194	

Source American Community Survey (2013, 2014)

Homelessness among Broward residents has been difficult to overcome due to insufficient affordable rentals, increases in the cost of living and an increase in foreclosures. According to the annual Point-in-Time Homeless Count (a 24-hour count of individuals and families who are considered homeless per HUD's definition), there were 2,615 homeless individuals in 2015. The Broward Coalition for the Homeless reports many homeless people arrive in winter and stay because the climate allows them to live outside without shelter, exposing them to a host of social, environmental and health-related dangers. Many undocumented immigrants and part-time workers come to Broward because of its attractive seasonal labor market from November to April but they cannot afford housing. The high price of housing in Broward County has led to a foreclosure rate above both state and national averages. The standard amount of monthly income that should be devoted to housing is 28 percent, however, many residents in Broward County find themselves paying more than 30% of their monthly income towards housing. The figure below displays a comparison between owner-occupied and renter-occupied income to housing cost ratio from 2012 to 2014.

Broward County Residents Spending More than 30% of Income on Housing (Owner vs. Renter Occupied), 2012-2014





Source American Community Survey (2012, 2013, 2014)

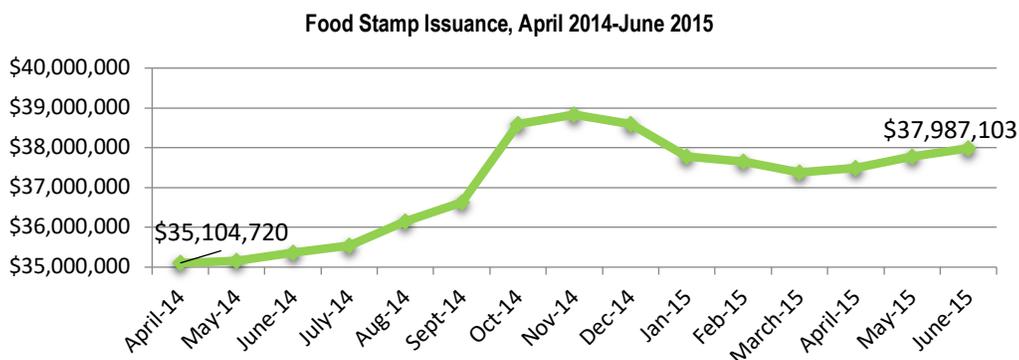
PUBLIC ASSISTANCE

Public assistance is an indicator related to the number of individuals living in poverty. In November 2013, the 2009 Recovery Act's temporary boost to the Supplemental Nutrition Assistance Program (SNAP) ended, resulting in a significant decrease in food stamp issuance despite increases in the number of households receiving food stamps. By the 2015 fiscal year, issuance began to increase again. **Error! Reference source not found.** displays the changes in S NAP issuance from the previous fiscal year.

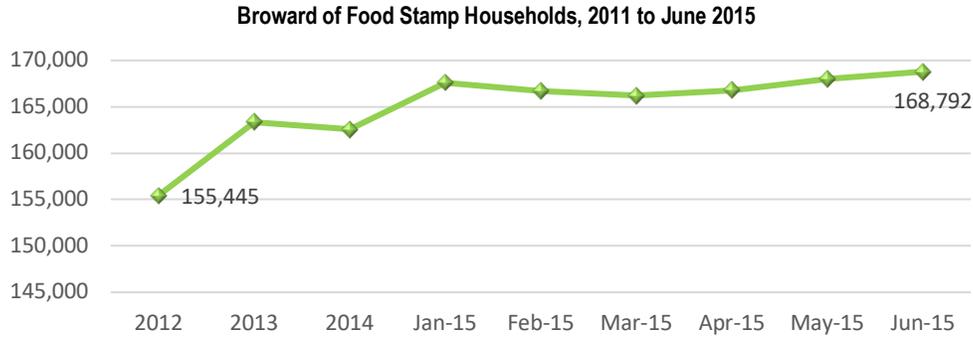
SNAP Monthly Changes by Household Size			
# in HH	FY 2014 Max Benefits	FY 2015 Max Benefits	Change
1	\$189	\$ 194	\$5
2	\$347	\$ 357	\$10
3	\$497	\$ 511	\$14
4	\$632	\$ 649	\$17

Source: U.S. Department of Agriculture, "SNAP – Fiscal Year 2014 Cost-of-Living Adjustments and ARRA Sunset Impact on Allotments," August 1, 2013.

There was an increase in the Food Stamp issuance in Broward from April 2014 (\$35,104,720) through June 2015 (\$37,987,103). During the same time, the number of households receiving food stamps has also increased from 155,445 to 168,792.



Source: Broward and Florida Public Assistance Caseload Report – Food Stamps, Florida DCF



Source: Broward & State of Florida Public Assistance Caseload Report – Food Stamps, Florida Department of Children and Families; Prepared by: South Florida Regional Planning Council

The following table outlines the number of people in Broward and Florida receiving various forms of public assistance.

Broward County Public Assistance: Food Stamps, TANF & Medicaid, 2014-Jun 2015					
Year	Food Stamp Households	Food Stamp Clients	TANF Clients	TANF Families	Medicaid Clients
Broward					
2014 avg.	162,561	286,542	5,461	2,886	259,084
Jan-15	167,599	294,651	5,609	2,964	274,343
Feb-15	166,723	292,979	5,637	2,993	277,583
Mar-15	166,191	291,711	5,607	3,016	282,219
April-15	166,779	292,750	5,453	2,994	283,392
May-15	167,997	294,685	5,407	3,028	284,419
June-15	168,792	295,483	5,484	3,050	287,480
Florida					
2014 avg.	1,978,881	3,615,174	85,949	49,556	3,085,378
Jan-15	2,037,923	3,706,549	86,436	49,564	3,227,765
Feb-15	2,034,526	3,696,528	84,808	48,678	3,266,513
Mar-15	2,024,417	3,672,779	83,012	48,264	3,311,879
April-15	2,023,537	3,667,180	81,587	47,954	3,317,455
May-15	2,031,417	3,679,299	82,157	48,296	3,322,698
June-15	2,040,236	3,691,232	82,059	48,472	3,350,874

Source: Broward & State of Florida Public Assistance Caseload Report, 2010-2014

HEALTH INSURANCE

The following highlights the health insurance trends for the United States, Florida and Broward. At 18.0% in 2014, the Broward uninsured rates remain higher than the United States and Florida rates, indicating that Broward is disproportionately impacted by a lack of healthcare coverage. Despite being higher than both Florida and the United States, Broward's uninsured rate decreased overall from 2013 to 2014.

Civilian Non-Institutionalized Population Uninsured Rate, by Age Group, 2013 vs. 2014						
	Broward		Florida		U.S.	
	2013	2014	2013	2014	2013	2014
Total Rate	22.5%	18.0%	20.0%	16.6%	14.5%	11.7%
< 18	12.0%	10.2%	11.1%	9.3%	7.1%	6.0%
18-64	30.5%	24.3%	28.8%	23.8%	20.3%	16.3%
≥ 65	4.4%	2.8%	1.7%	1.5%	1.0%	0.9%

Source: US Census Bureau, 2013, 2014 American Community Survey

Insufficient health insurance benefit packages impact the care of insured residents and demand for publicly funded services. There is no reliable State or local data measuring the actual number of underinsured individuals whose health insurance benefits are insufficient to cover catastrophic medical events, or who have capped benefits requiring large out-of-pocket payments.

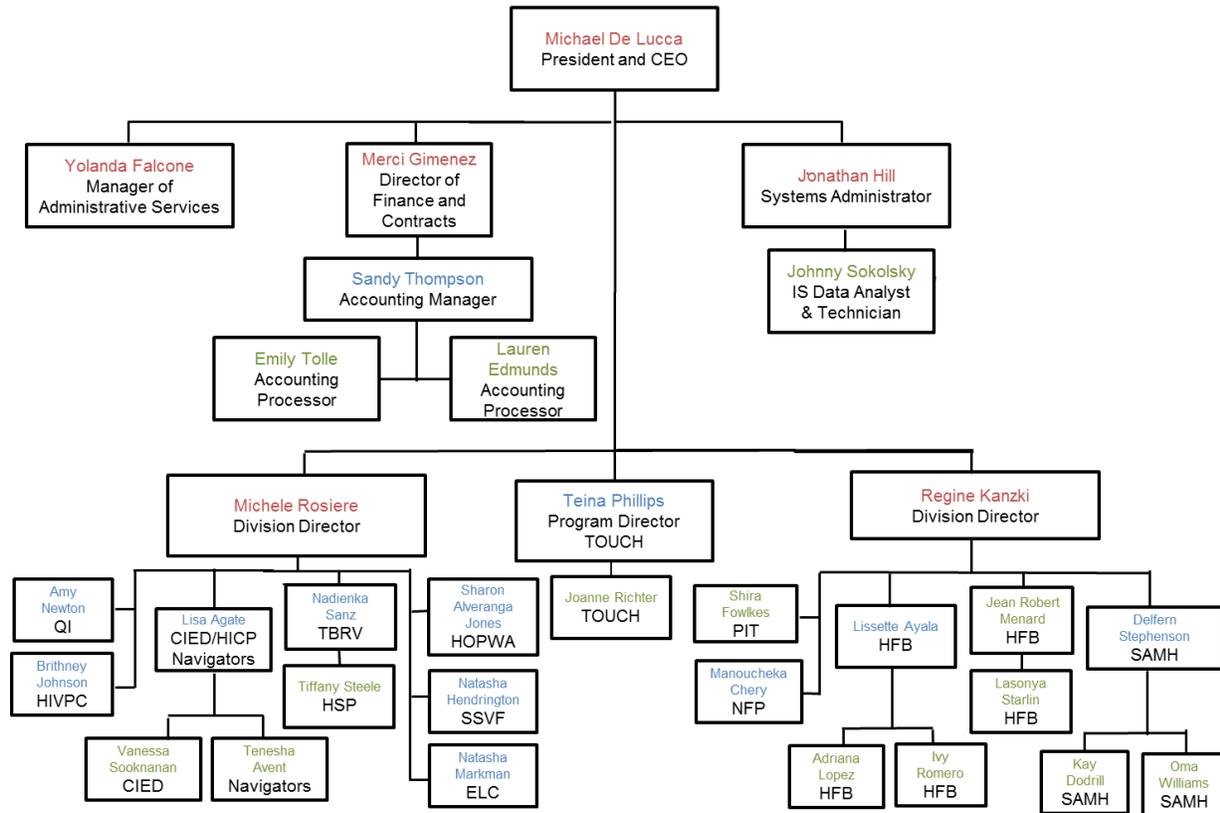
D. Copies of Any External Assessments / Data Sources Used

See attached:

- BRHPC Branding Surveys Completed by Ambit Marketing
- PRC Quality of Life Survey

E. Organizational Chart

Broward Regional Health Planning Council: PQI Committee



BOARD OF DIRECTORS

2015/16

Barbara S. Effman, M.P.H.

Chair

Self Employed; President of the West Broward Democratic Club; Board member of the American Cancer Society/Executive Committee.

David Roach, BA

Vice Chair

Former Director of the Broward County Health Department – Former CEO of A.G. Holley.

Cyril Blavo, D.O., M.P.H. & TM, FACOP

Treasurer

Director of Public Health, Nova Southeastern University; President, International Health Initiatives, Inc.; member of: American Osteopathic Association; American Public Health Association; American College of Osteopathic Pediatricians; Broward County Pediatric Society.

John A. Benz, MBA

Secretary

Senior Vice President and Chief Strategic Officer, Memorial Healthcare System; fellow and member of The Health Care Forum; Diplomat, American College of Healthcare Executives; Leadership Broward; Healthy Kids Corporation; South Broward Administrative Reporting, Inc.; Memorial PHO.

Albert C. Jones, MA

Board Member

National Association of Public Hospitals; American Hospital Association; Florida Hospital Association; Omega Psi Phi Fraternity, Inc.

Cary Zinkin, D.P.M.

Board Member

Podiatrist; American Podiatric Medical Association; Broward County Podiatric Medical Association; Florida Podiatric Medical Association; American Podiatric Medical Writers Association.

Daniel Lewis
Board Member

Systems Architect, Crisis Management; Strategic Technologies & Research, Inc. CEO/Founder; Past Service: • Miramar City Commissioner, • Broward County Growth Management advisory committee, Chair, • Broward County Management & Efficiency Study Committee, Chair, • Broward County Charter Review Committee.

Jasmin D. Shirley, MSPH
Board Member

V. P., Community Health Services, Broward Health; Master of Science Public Health from The University of Miami; Bachelor of Science from The University of Florida. National Association of Health Services Executives (NAHSE); Delta Sigma Theta, Inc.

Lee Chaykin, FACHE
Board Member

Has held leadership positions with Hospital Corporation of America over the past 20 years; Worked with the North Broward Hospital District in the Department of Strategic Planning prior to HCA; Currently the Chief Executive Officer of Westside Regional Medical Center in Plantation.

Leilani Kicklighter, MBA, ARM, RN
Board Member

Principle Consultant; Registered Nurse; Insurance Advisory Committee, City of Tamarac; Certified Professional Healthcare Risk Manager; Licensed Health Care Risk Manager; President of Woodlands Section One Home Owners Association.

Mark Dissette, MBA
Board Member

Senior Vice President, Holy Cross Hospital; Administrator, Holy Cross HealthPlex.

Samuel F. Morrison, BA, MLS
Board Member

Board of Trustees, Nova Southeastern University; Affiliation with the Ft. Lauderdale Historical Society, Broward County Homeless Initiative, and Networking Advisory Board; Former Director of the Broward County Library and the Children's Services Council of Broward County

G. Short-term Plan – 12 months

BRHPC has established the following short term goals for the 2015-2016 fiscal year in addition to the programmatic goals and outcomes detailed in the BRHPC Scorecard. These short-term goals address elements that require additional attention in terms of quality improvement or development. Below each goal is a reference to the goals outlined in the BRHPC Strategic Plan.

Administrative and Management Elements

- Achieve accreditation through the Council on Accreditation.
- Continuous improvement of PQI program through scorecard system:
 - BRHPC views the performance quality improvement as a dynamic process that changes with the needs of the agency's service delivery. With the implementation of periodic revisions to the scorecard system, BRHPC ensures that the PQI measures in place grow and adapt to all changes that occur within programs.
- Staff recognition with commemorative BRHPC coins:
 - These limited edition commemorative BRHPC coins are carefully handcrafted and boast bold colors and amazing detail with raised gold lettering. Each comes with a Certificate of Authenticity.

Reference: Goal 3: Objective 3.1, 3.2, 3.3; Goal 5: Objective 5.2; Goal 6: Objective 6.1, 6.4

Service Delivery Elements

- Strengthening the IT system through the implementation of a fiber optic connection:
 - BRHPC switches from a copper coaxial broadband connection to a fiber connection. Some the benefits of a fiber optic connection include:
 - Network Speed – Fiber connections offer a guaranteed upload/download speed of 150 mb as defined in the Service Level Agreement.
 - Reliability – Fiber optics transfer data with the medium of light compared to the use electricity that copper connections use. The use of light allows the connection to be immune to outside electro-magnetic interference, reducing if not eliminating data and signal loss.
 - Energy Consumption – Deploying an optical network consumes less energy than their copper-based counterparts, using about 1 to 2 watts per connection.
- Streamlining processes for staff training:
 - BRHPC uses a multiple media to staff training that will include in-person trainings, webinar, blast e-mails and more to deliver policy updates and other training materials.
- Expanding phone system to accommodate high call volume:
 - BRHPC expands the telephone system to incorporate an automated menu that directs callers to the program needed without extensive delays.

Reference: Goal 5: Objective 5.2; Goal 6: Objective 6.1, 6.2

Program and Service Elements

- Develop and implement School Readiness / VPK Program:
 - Broward Regional Health Planning Council began providing School Readiness & Voluntary Pre-Kindergarten services on September 1, 2015. The program provides assistance to families in applying for and enrolling in childcare services. Currently, there are 10,330 children enrolled within

the School Readiness Program and 14,601 children enrolled in Voluntary Pre-Kindergarten services. Families with low incomes in Florida who are trying to work, or get training to work, may be eligible for school readiness assistance. The School Readiness Program offers financial assistance to low-income families for early child education and care so families can become financially self-sufficient and their young children can be successful in school in the future.

- Develop and implement Post-Arrest Diversion Program:
 - The Post-Arrest Diversion Program at BRHPC strives to serve mentally ill individuals, with or without substance abuse issues, in Broward County, Florida. The program targets post-arrest individuals who are facing non-violent 3rd degree felony charges. The program operates to serve mental health populations by diverting them from the forensic system through engaging them in a structured treatment plan which includes qualified licensed professionals who can offer expert psychiatric consultation, individual and group psychotherapy, intensive case management, benefits acquisition, evidence-based supported employment and housing support, and life skills training as needed.
- Internship program development for Post-Arrest Diversion Program and Public Health:
 - With a solidified collaboration with local colleges and universities, such as Nova Southeastern University, BRHPC aims to expand

Reference: Goal 1: Objective 1.1, 1.2; Goal 2: Objective 2.1, 6.2; Goal 4: Objective 4.1, 4.2

Human resources planning is a process that identifies current and future HR needs for to achieve its goals. Human resources planning should serve as a link between human resources management and the overall strategic plan of an organization. Broward Regional Health Planning Council's utilizes the **competency-based management approach** to support the integration of human resources planning with strategic planning thereby allowing our agency to assess the current HR capacity based on our staff competencies against the capacity needed to achieve the vision, mission and goals of the Council. Targeted human resource strategies, plans and programs are designed to address gaps (e.g., hiring and staffing; learning; career development; etc.), and implemented to close the gaps.

Work Design / Classification

- **Objective:** to ensure the best fit between employees and jobs, while avoiding workforce shortages or spares.

The three key elements of the HR planning process are forecasting labor demand, analyzing present labor supply, and balancing projected labor demand and supply.

HR strategies and programs are monitored and evaluated on a regular basis to ensure that they are moving the organizations in the desired direction, including closing employee competency gaps, and corrections are made as needed.

Recruitment & Selection

- **Objective:** to rely on those resources in recruiting personnel that will assure the most qualified employees.

Notification of any openings are posted internally, as well as on the BRHPC website. Positions are also be publicized in appropriate nationally circulated newspapers or websites. Resumes and applications of all applicants are reviewed to determine whether or not they meet the minimum requirements of the position. An initial interview is conducted by a supervisor and/or program manager and a second interview is conducted by a Director and/or President and CEO. Final selection is approved by the President and CEO.

Performance Management

- **Objective:** to monitor all program and departmental goals and outcomes, contractually required or self-imposed, on a monthly basis.

BRHPC strives to eliminate barriers to achieving accountability through the agency-wide implementation of a balanced scorecard. A balanced scorecard is a structured report used by managers to keep track of the execution of project activities and to monitor the consequences arising from these actions. It allows administrators to achieve the following: translating the vision into operational goals; communicating the vision and link it to individual performance, strategic planning, feedback and learning, and adjusting the strategy accordingly.

Each scorecard looks at four main perspectives: 1) The Overarching Goal "Is anyone better off?" "How do we look to stakeholders?" 2) Customer/Funder "How do customers/funders see us?" 3) Internal Processes "What must we excel at?" 4) Learning and Growth "How can we continue to improve, create value and innovate?" The scorecards are divided into three main categories of programs/services: Direct Services, Planning, and Administration/Capacity Building. Each category offers a customized interpretation of the perspective, as depicted in the graphic below.

Each reported data set requires an annual target, which is compared to a monthly and cumulative achievement with a color code indicating whether the outcome met or exceeded the target (green), was within 10% of meeting target (yellow), or greater than 10% away from the target (red). Explanations, including a plan of action, are always required for any item that do not meet or exceed targets. Recently, the scorecard format was revised from a quarterly breakdown of data to a monthly breakdown. This allows for a more stringent system of accountability, as each department/program must provide a higher level of detail in the data. In addition, during a recent Board of Directors meeting, the board members requested that a color coding system be added to goal descriptions to differentiate between a contractual goal (e.g. required per contract with the funder) and a BRHPC goal (e.g. a goal established by BRHPC as an additional quality assurance measure). A recent review of the scorecard process determined the need for three-step Performance Quality Analysis in the format of a cover page for each program's scorecard. Step 1 identifies program successes (is anyone better off?): the impact of PQI efforts on the program and the employees is explained. Step 2 addresses opportunities (what areas need improvement?): items below target are listed and explanations are provided. Step 3 outlines an improvement plan (how can we improve it?): a performance quality improvement plan to address items below target is provided.

Learning & Development

- **Objective:** to improve professional and technical skills, increase staff use of and fidelity with evidence-based practices and further system of care utilization management and compliance.

To initiate the process of staff training, a comprehensive New Employee Orientation is conducted by the Manager of Administrative Services for every newly hired person within one week of their start date. Policies and procedures related to the day to day functioning of every employee are presented and explained. This orientation includes mandatory HIPPA, Security and the Statewide Auxiliary Aids and Services Plan as well as basic information such as attendance, dress code, benefits, how to answer the telephone, and staff safety.

Procedures designating the responsibility of all manager/supervisors in the chain of command regarding their supervisory duties are specified in our Policy and Procedure Manual. Weekly, monthly, quarterly and annual reviews of performance are conducted and recorded on Scorecards for each employee which are department specific. Progress toward the achievement of department and agency outcomes is identified as are challenges toward the achievement of the outcome measure.

Program-specific training is assigned to each manager/supervisor. Knowledge of and fidelity to a variety of evidence-based practices is emphasized. Attendance at and participation in local and national conferences is encouraged.

Regularly scheduled staff meetings are utilized for staff training, case review where appropriate and dissemination of internal and external information. Luncheons and other scheduled training dates are also utilized to share information and to familiarize personnel with the services provided by other BRHPC departments.

Career Development

- **Objective:** to promote growth opportunities within BRHPC based on competencies.

Promotion of employees will be based upon demonstrated performance in carrying out responsibilities of an employee's position and the ability to accept additional duties. Any position openings is announced to current employees simultaneously with being circulated to the public. Employees who have an interest in such positions notify their supervisor in writing. The supervisor brings the notification to the attention of the President and CEO. The President and CEO consults with the supervisor and any other appropriate personnel to discuss the internal transfer or

promotability of an employee. Final decisions on internal transfers or promotion of employees shall be made by the President and CEO.

Rewards and Recognition

- **Objective:** to express appreciation and recognition to staff for their skills and contributions.

BRHPC continually hires quality staff and operates within a system that continually trains employees for their service and values their contributions. The BRHPC recognition program includes an Employee of the Quarter recognition where the deserving employee gets his/her photo displayed on the “BRHPC Recognition Wall”, receives a plaque from the President and CEO during the quarterly staff luncheon, and access to the “Employee of the Quarter” parking spot for three months. Other staff appreciation activities include a monthly birthday cake sharing, lunch and learn sessions, annual bonuses and end of year holiday celebration.

HR Information Management

- **Objective:** to apply a software solution to help automate and manage BRHPC HR, and employee time management and accounting activities.

BRHPC implements an electronic Timesheet Program, which is a proprietary web-based timesheet tracking solution. Employees are given the tools needed to log daily hours worked, activities performed, and a detailed report that represents the employees’ work week. In addition, department managers have the ability to approve or deny employee timesheet requests to ensure accurate timesheet entries. The timesheet system also coordinates with payroll tracking.

I. Financial Plan

BRHPC has maintained good financial standing for over 30 years with the proper oversight for implementing the administrative and fiscal infrastructure necessary to: a) Ensure compliance with federal, state and local funding requirements; and b) Establish and maintain effective internal controls to comply with accounting principles and audit standards. Fiscal operations are overseen by the Director of Finance, under the review and approval by BRHPC's Certified Public Accountant and President and CEO.

1. CASH RECEIPTS

Cash receipts are protected from misappropriation. Physical access to cash receipts and cash receipts records is limited to authorized personnel. Cash receipts are recorded in the appropriate period.

2. CASH DISBURSEMENTS

The payment for goods and services are organized to ensure that no unauthorized payments are made, and that payments are recorded in the appropriate period. Physical access to cash and unissued checks is restricted to authorized personnel.

3. BANK RECONCILIATIONS

Monthly, bank reconciliations are performed via the computer by accounting personnel not involved in the process or recording of those bank transactions.

4. REVENUE RECOGNITION

The creation of an invoice in the Accounts Receivable Module initiates the formal recording of revenue.

5. ACCOUNTS RECEIVABLE

Accounts receivable arise from the recording of contract revenue (cost reimbursement or fixed price). The account is relieved by the posting of cash receipts.

6. ACCOUNTS PAYABLE

The recording of expenses and the related liability are recorded by employees independent of the ordering and receiving functions. The amounts recorded are based on vendor invoices. The invoice is in agreement with an approved purchase order.

7. PAYROLL AUTHORIZATION

Controls are established over payroll to ensure that the payroll reflects complete and authorized payroll transactions. Payroll is processed by HR and accounting to ensure accuracy. Distribution of wages and employer benefits accurately reflect the actual activity of the employee. This process ensures that salaries and wages are properly expended and that actual effort is consistent with the originally anticipated (budgeted) effort.

8. PAYROLL CALCULATION

Controls are established to ensure that the payroll, based on standing data, is accurately calculated. Payroll compared to Control Totals Gross pay and payroll deductions are compared to an adequate extent with predetermined

(projected/estimated) control totals by the payroll department and the CEO. Any significant variances are investigated immediately.

9. PAYMENT TO AGENCY EMPLOYEES

Controls are established to ensure that only valid agency employees receive payroll payments.

10. PAYROLL DEDUCTIONS

Controls are established to ensure that payroll deductions, both compulsory and voluntary, are adequately identifiable in the general ledger and payments to third parties are timely and accurate. Payroll deductions are recorded in the staff record of the Payroll Module in Financial Edge.

11. GENERAL LEDGER ACTIVITY

The general ledger consists of control accounts for accounts in the Agency's chart of accounts. The general ledger is maintained on a computer system and may be printed at any time.

12. ADEQUATE GENERAL LEDGER MAINTENANCE

The general ledger accounts are the source of all the financial reports used by management. It is therefore critical that the accounting records are properly controlled so that they continue to reflect accurately the operations of the business.

13. ELECTRONIC PAYMENTS AND ACCOUNT TRANSFERS BETWEEN AGENCIES

The payment for goods and services are organized to ensure that no unauthorized payments are made, and that payments are recorded in the appropriate period. Electronic access to cash accounts is restricted to authorized personnel.

14. INVESTMENT POLICY

All investment activity will be in compliance with Florida Statute 280 or 218 regarding investment policies for Public/Government entities and consistent with the written investment policy adopted by the BRHPC Board of Directors.