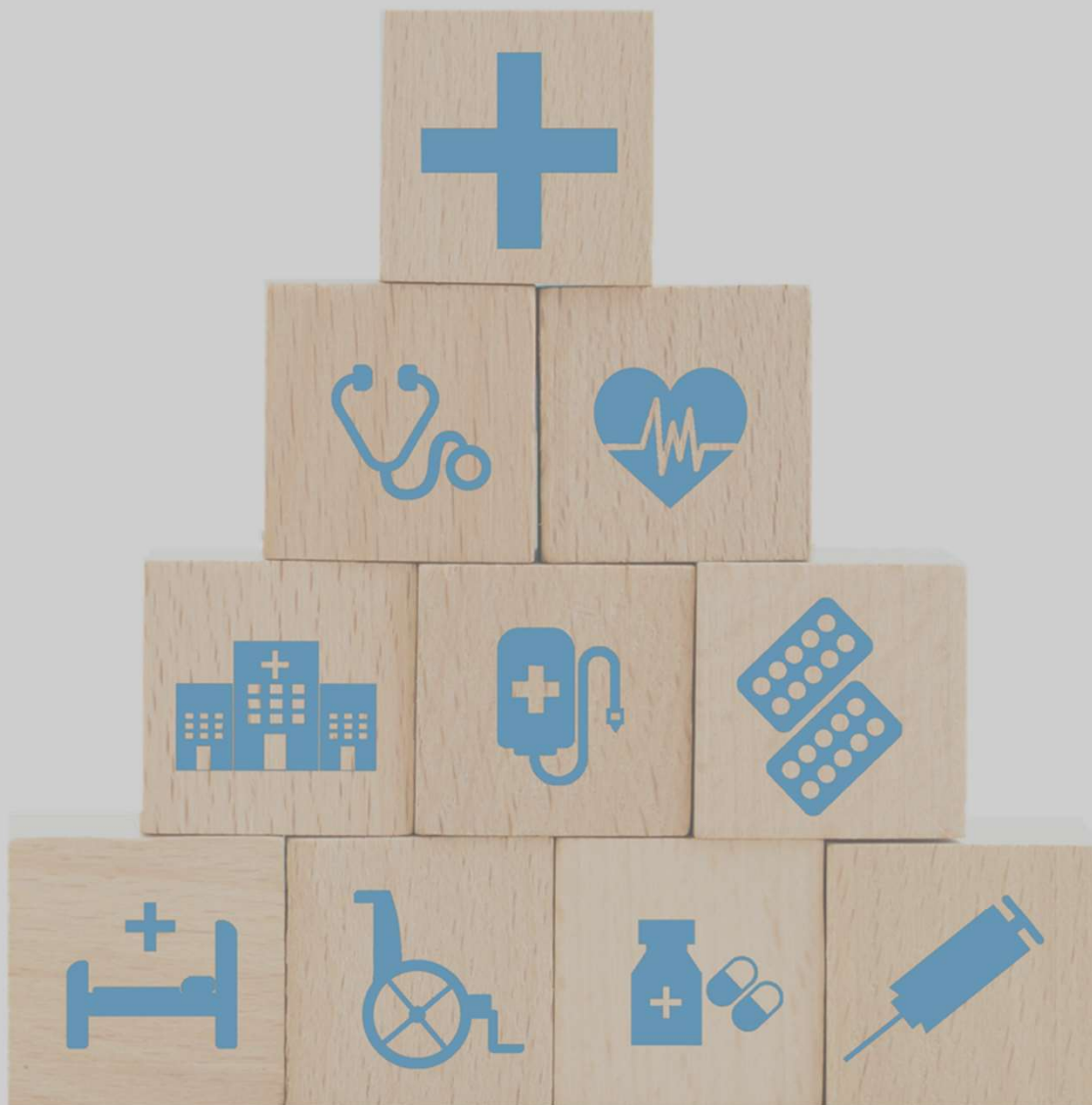


BROWARD REGIONAL HEALTH
PLANNING COUNCIL, INC.

2020-2025 STRATEGIC PLAN



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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, Substance Abuse and Mental Health, Forensic Re-integration, Maternal/Child Health, Supportive Services for Veteran Families, leading the efforts for the annual Point-in-Time Homeless Count and Health Planning. BRHPC provides coordinated, efficient cost-effective and client-centered services with a diverse workforce. BRHPC staff consists of over 110 culturally competent multilingual professionals fluent in Spanish, Creole, French, and Portuguese.

While developing BRHPC's five-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 COA accreditation in 2016 led to an increase in implementing standardize processes and improving 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. The primary threat that looms is an economic downturn.

Strategic Goals for 2020-2025 are as follows:

Goal 1: Improve access to Health and Human Services

Goal 2: Improve Outcomes and Quality of Health and Human Services

Goal 3: Develop Capacity

Goal 4: Sustainability

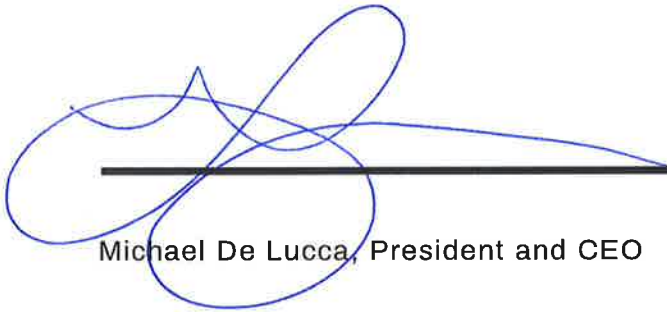
Goal 5: Improve Consumer Knowledge

AUTHORIZATION

The signatures below attest that Broward Regional Health Planning Council's Strategic Plan was reviewed and approved on June 29, 2020 by the Board of Directors.



Barbara Effman, Chair



Michael De Lucca, President and CEO

MISSION, PURPOSE & VISION

Mission Statement

Broward Regional Health Planning is committed to developing and providing health and human service innovations at the national, state and local level through planning, direct services, evaluation and 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

Broward Regional Health Planning Council's vision is to transform the health of residents.

VALUES

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.

ORGANIZATIONAL PROFILE & 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. HIV/AIDS Planning, Quality Assurance, Eligibility, Housing Assistance, Consumer Advocacy, Substance Abuse and Mental Health, Forensic Re-integration, Maternal/Child Health, Supportive Services for Veteran Families, improving upon the insurance premium payment program as well as co-pay and deductible assistance, leading the efforts for the annual Point-in-Time Homeless Count and Health Planning. BRHPC provides coordinated, efficient cost-effective and client-centered services with a diverse workforce. BRHPC staff consists of over 110 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 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 38 years of service history of strong fiscal management and experience administering multi-million 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.

MAP OF SERVICES

DIRECT SERVICES

Family Strengthening

- Healthy Family Broward
- Nurse Family Partnership

Eligibility, Housing & Insurance

- Centralized Intake & Eligibility
- HOPWA**: Short-Term Rent Mortgage/Utilities; Permanent Housing Placement; Case Management; Tenant Based Rental Vouchers
- Supportive Services for Veterans and Families
- Health Insurance Continuation
- Benefits Support Services

Substance Abuse & Mental Health

- Competency Restoration Training
- Post-Arrest Diversion
- Forensic Hospital Diversion
- Forensic Hospital Commitment

PLANNING

Data Warehouse

- Hospital and Nursing Home Utilization
- Prevention Quality Indicators
- Pediatric Quality Indicators
- Emergency Department Utilization
- Self-Inflicted Injury
- Disease Related Groups
- Chronic Conditions

Planning

- Certificate of Need
- Evaluation
- Community Health Needs Assessment
- Point-in-Time Homeless Count

HIV Planning

- HIV Planning Council
- HIV Clinical Quality Assurance

CAPACITY BUILDING

Publications

- Broward County Health Plan
- Fact Sheets
- Broward Benchmarks
- Broward County Health Profile
- Broward County Trauma Plan
- Special Needs Study
- Infographs

Staff Development, Volunteerism & Internships

- Workforce Development Series
- Training Opportunities
- Internship Opportunities

Administrative Services

- Fingerprinting & Level II Background Screening
- Human Resource Support
- Legal Oversight
- AIDS Drugs Assistance Program
- Health Insurance Co-pays /Deductibles
- Property Management

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 (HFB) 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. Participants enter the program during pregnancy 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 to reduce isolation and increase parents’ positive connection to their child and the community.

Target Population

HFB currently screens and assesses for risk factors on all expecting and new mothers who reside within the targeted zip codes (33311, 33020, 33023, 33004, 33060, 33069, 33009, 33024, and 33313) and give birth at Broward Health facilities, Plantation General Hospital, Memorial Healthcare facilities 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 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 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.

Nurse-Family Partnership (cont'd)

Target Population

BRHPC serves over 100 mothers with this program. With the collaboration of both Memorial Healthcare System and Broward Health, NFP coordinates eight Nurse Home Visitors to serve the county. NFP 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.

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.

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

Insurance Continuation Program

Program Overview

The Insurance Continuation Program (ICP) provides financial assistance, to clients who meet the eligibility criteria and are enrolled in a Marketplace plan, identified by the Ryan White Program. Financial assistance is provided to eligible individuals living with HIV to maintain or obtain medical benefits through the health insurance continuation program. ICP assist with Copay, deductibles, and coinsurance.

Copay Assistance- For upcoming medical appointments please contact ICP at least 48 hours prior to the date of appointment. Please provide the name of the location for the office visit, office phone number and appointment date & time. Appointment information can be forwarded to ICP via email, text to cell phone number or by calling ICP. The provider must be in network with your ACA insurance and provider must be able to take phone payments.

Prescription Copayments- ICP provides copay assistance on non-HIV medications and medications that are covered by insurance. Please contact ICP once your medication(s) are ready for pick-up and provide the pharmacy name and phone number via phone, email or text.

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.

Health Insurance Benefits Support Services

Program Overview

Health Insurance Benefits Support Services delivers information to clients about their health insurance coverage such as how they can navigate and utilize insurance effectively to achieve better health outcomes. Benefits Support Services provides clients with an overview of health care plan coverage and limitations, educates clients on the different types of healthcare providers, develops resources for clients to use related to their health benefits, and assists with prior authorizations and appeals process. Short Term Mortgage Rent Utilities provides financial assistance to pay for past due mortgage, rent or utilities.

- Health Insurance Assessment- Client receives an annual assessment to ensure increased awareness of new insurance plan. The goal of the assessment is to ensure increased access, retention and adherence to primary medical care. The assessment consists of education on health insurance terminology, financial assistance, locating different types of health care providers, estimation of health cost, and the importance of attending medical appointments.
- Program Retention-BISS specialist review client's eligibility status to ensure that client is retained in care. BISS specialists monitor client's Ryan White Part A and B to ensure clients are able to retain their health insurance and also utilize the financial assistance. Client are educated on the importance of maintaining their eligibility for Ryan White Part A and B.

Target Population

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

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.

Supportive Services for Veterans and Families (cont'd)

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.).

Substance Abuse and Mental Health

Program Overview

The Substance Abuse and Mental Health (SAMH) program provides linkage, support, and advocacy to those who qualify for services in Broward County. This involves being present in the felony mental health courts, visiting clients in the six state mental hospitals, providing linkage to case management agencies for all defendants who are found Incompetent to Proceed (ITP) to trial due to mental illness, and conducting training designed to restore these individuals to competency so they can proceed through the judicial process.

- Competency Restoration Training- serves over 125 clients who have been found Incompetent to Proceed. This training is provided at the BRHPC office and in the community at multiple residential programs. The program also provides individual training to incarcerated individuals throughout Broward County. At the end of a training series, patients are re-evaluated to determine level of competency and risk factors.
- Forensic Hospital Diversion/Forensic Hospital Commitment- coordinates care for Broward County clients in South Florida Evaluation and Treatment Center and South Florida State Hospital located in Miami-Dade County, Treasure Coast Forensic Treatment Center located in Martin County, North Florida Evaluation and Treatment Center in Gainesville, Northeast Florida State Hospital in MacClenny near Jacksonville and Florida State Hospital in Chattahoochee in the Florida panhandle. Court Liaisons attend felony mental health court sessions.
- Post-Arrest Diversion Program-seeks to divert individuals with serious and persistent mental illness and a history of non-violent 3rd-degree felony charges from the criminal justice system and into a structured, outpatient treatment protocol. Determination of program eligibility is a collaborative effort between the State Attorney's Office, the Public Defender's Office and the Mental Health Diversion Program.

Target Population

Clients who have mental health or co-occurring disorders and are involved in the felony court system in Broward County.

PLANNING

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.

Strategic Planning

Program Overview

BRHPC acts as the lead entity for the Broward Certificate of Need (CON) program, required for nursing homes that want to expand or add new services. BRHPC also conducts community health needs assessments for various agencies and facilitates various committees related to public health in Broward County.

- Certificate of Need (CON)- The CON program is a regulatory process that requires certain health care providers to obtain state approval before offering certain new or expanded services
- Community 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 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.

Data Warehouse

Program Overview

The BRHPC Health Data Warehouse contains self-reported utilization data for hundreds of hospital and nursing home facilities throughout the State of Florida. This state-of-the-art system also processes detailed and searchable data indicators from the Agency for Health Care Administration (AHCA) and Nielsen, making it a powerful tool for planning, analysis and report development.

Datasets

- Hospital and Nursing Home Utilization
- Prevention Quality Indicators and Pediatric Prevention Quality Indicators
- Emergency Department Utilization
- Self-Inflicted Injuries
- Diagnosis Related Groups
- Chronic Diseases
- Financial Data
- Demographic Data

Point-in-Time Homeless Count

Program Overview

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.

HIV Planning

Program Overview

BRHPC coordinates the Broward County Ryan White Part A HIV Health services Planning Council (HIVPC) and HIV Clinical Quality Management (CQM) programs. HIVPC staff provide professional support to the HIVPC and its six standing committees. CQM staff provide Quality Improvement (QI) support to the Ryan White Part A Core Medical and Support Services through facilitating QI trainings for people living with HIV/AIDS (PLWHA) and Ryan White Part A service providers.

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.

Publications

Overview

BRHPC produces multiple publications which outline the health, socioeconomic status and health care resources available in Broward County and the State of Florida.

- Broward County Health Plan- BRHPC develops and updates the Broward County Health Plan to assist community programs and agencies with health and community planning. Available to the public, 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.
- 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.
- Broward County Health Profile- is an annually published 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.

Other Publications

- Broward County Trauma Plan
- Special Needs Studies
- Infographs

Staff Development, Certification, Volunteerism & Internships

Overview

BRHPC improves the professional and technical skill of each of its employees through ongoing training and supervision. Through established collaborations with local colleges, universities and agencies. BRHPC offers internships and volunteer opportunities to emerging professionals in Public Health, Public Policy, Psychology, Social Work and Health Administration.

Administrative Services

Overview

BRHPC provides a range of administrative services throughout the community.

- Level II Electronic 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.
- 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.

Other Administrative Services

- IT Innovation
- AIDS Drug Assistance Program
- Third Party Medication Co-Pay Program

Property Management- BRHPC purchased multi-family housing in Oakland Park and Hollywood each city sets their affordable housing rates which BRHPC utilizes the housing rates (include something about FMR). BRHPC's housing vacancies are focused on vulnerable populations including seniors, college students and low-income individuals who cannot afford the median rent of Broward County.

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:

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

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

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

Coordinator: Michael De Lucca, Chief Executive Officer

CRITICAL ISSUES & CHALLENGES

The Broward County Health Needs Assessment

Every two years, BRHPC commissions a Community Health Needs Assessment, a follow-up to 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 the 2019 study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS); however, the final 2019 survey instrument was restructured by Broward Regional Health Planning Council to align with national trends of observing Social Determinants of Health. Social Determinants of Health (SDOH) are conditions in the environments in which people are born, live, learn, work and age that affect a wide range of health, functioning, and quality-of-life outcomes and risk. 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 400 individuals (200 each from North and South Broward Regions) age 18 and older in Broward County.

Below are key findings from the report conducted in 2019, categorized by their associated Social Determinant of Health.

Economic Stability

- 37.6% of Broward residents worried/stressed over rent/mortgage over the past year
- 44.4% of residents spend more than 30% of their income on housing
- 27.1% of residents are food insecure

Education

- **One-third (33.2%) of Broward residents perceive childcare affordability as fair or poor**
 - This was primarily found among low income and Caribbean respondents

Health & Health Care

- **Broward residents that reported poor or fair health was only 12.6% (a 4 year low)**
- 11.3% of residents reported fair or poor mental health
- 16.2% having been diagnosed with a depressive disorder
 - The highest rates were among 18-39 year olds, Whites and those who are low income

Health & Health Care (continued)

- High blood pressure (35.8%) and high blood cholesterol (36.3%) are both higher than the 2020 Healthy People recommendations of 26.9% and 13.5% respectively
- Rates of diabetes have been increasing since 2002; reaching 14.7% in 2019
- **Approximately 62% of Broward residents spent 4-7 days per week engaging in 2 or more hours of screen time**
- Parents with children 5-17 years old reported the following:
 - 36.8% prevalence of being overweight
 - 20% prevalence of being obese
- 18.7% of residents lack health insurance
- 19.4% of residents perceive local healthcare services are fair or poor

Neighborhood & Built Environment

- 22.1% of Broward residents find it very or somewhat difficult to buy affordable fresh produce
- 48.8% of residents cannot rely on public transportation when needed

Social & Community Context

- 17% of Broward residents seldom or never receive the social and emotional support they need
- 19.3% of residents experience loneliness

TECHNOLOGY & 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. Use of firewalls, anti-virus, advanced threat protection applications 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.
 - 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.
 - iv. Multi-authentication process for access to key systems.
 - v. Intelligent / automated rule development and implementation for data protection.
 - vi. Correlated alerts and low-level signals to notify and coordinate defenses across network.
 - 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.
 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.

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- a. 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.
 - b. 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.
 - 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.

1. 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. Battery backup for powering on premises resources (network systems and phones).
 - d. Backing up electronic data regularly on premises, with copies maintained through cloud backup.
 - e. Regularly testing the organization's back up plan, including data restoration processes.
 - f. Maintaining contact information for all staff.
 - g. Developing procedures for alternative methods of communication with staff and stakeholders during periods of disruption.

STRATEGIC GOALS & OBJECTIVES

Goals, Objectives & Strategies

Goal 1: Improve Access to Health and Human Services

Goal 2: Improve Outcomes and Quality of Health and Human Services

Goal 3: Develop Capacity

Goal 4: Sustainability

Goal 5: Improve Consumer Knowledge

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 workplace that is free from discrimination in all policies, procedures and practices.
- Apply best practices as they relate to health equity in all programs and services provided.

GOAL 1: IMPROVE ACCESS TO HEALTH & 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 OUTCOMES AND QUALITY OF HEALTH & HUMAN SERVICES

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: DEVELOP CAPACITY

Objective 3.1: Increase leadership capacity to facilitate innovation and prioritize cohesive teamwork

- Provide training opportunities for team leaders to maximize potential.
- Encourage open dialogue between team leaders (supervisors) and staff which facilitates reaching both the funder and BRHPC's goals.

Objective 3.2: Expand adaptive capacity in order to respond to internal and external changes efficiently and effectively.

- Improve internal program evaluation and performance measurements to improve staff accountability
- Establish internal goals and targets that align with the organization's mission
- Expand contingency plans to cover various scenarios including pandemics (e.g. Covid-19) and government shutdowns.

Objective 3.3: Expand operational capacity

- Explore innovative, groundbreaking technology develop or enhance proprietary databases and reporting systems.
- Enhance internal and external communication capabilities to meet the needs of our partner agencies and clients.

GOAL 4: SUSTAINABILITY

Objective 4.1: Maintain Cashflow

- \$9 million in cash
- \$18 million in credit
- Purchased generator which we are able to rent out for a profit

Objective 4.2: Negotiate Property

- 1116-1118 S 19th Ave, Hollywood, FL 33020 (sale value- \$349,000; appraisal value \$355,000)
- 4400 NE 5th Ave, Oakland Park, FL 33334 (ale value 860,000; appraisal value- \$965,000)

GOAL 5: IMPROVE CONSUMER KNOWLEDGE

Objective 5.1: Increase use of modern methods of communication to improve consumer knowledge.

- Disseminate public health information from local, state and federal levels via email and all social media platforms

Objective 5.2: Develop documents regarding public health that are easy to understand for the general public

- Ensure all publications and documentation are available in multiple languages and formats that are in compliance with ADA guidelines.

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. Human Resources Plan**
- H. Financial Plan**
- I. Other Relevant Documents**

A. DESCRIPTION OF STRATEGIC PLANNING PROCESS

While developing BRHPC's five-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 COA accreditation has increasing BRHPC's ability to standardize processes and improve methods of communication, particularly through the monthly Performance Quality Improvement Committee and weekly Executive Team meetings. 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, plans to incorporate staff level scorecards to ensure that each employee is held accountable for reaching programmatic goals are being developed. Furthermore, BRHPC is moving forward with implementing a telehealth platform in order to meet security and HIPAA compliance for various programs.

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. Other threats include emerging diseases that have led to a pandemic which shut down the United States government. With this in mind, BRHPC has developed protocols and guidelines that ensure the health and safety of staff and clients.

B. ASSESSMENT OF STRENGTHS AND WEAKNESSES/SWOT ANALYSIS



S	W	O	T
<p>Strengths</p> <ul style="list-style-type: none"> • Ability to create proprietary data collecting and reporting systems • Comprehensive Scorecards to monitor and measure programmatic outcomes • Weekly Executive Team Meetings to monitor programs and discuss strengths, weaknesses and opportunities • Educated and diverse workforce • Multiple streams of revenue to maintain sustainability • Active social media presence • Affordable housing 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Contingency plans for unexpected local and/or state shutdowns • Alternate means of communication for staff and clients when in-person meetings are not available 	<p>Opportunities</p> <ul style="list-style-type: none"> • Informing community about public health news in a way that is easily understandable • Social and public health policy changes may lead to new grant opportunities • Partnerships with other non-profit agencies to help strengthen internship program 	<p>Threats</p> <ul style="list-style-type: none"> • Economic downturn

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).

The percentage of Broward and Florida populations by race and ethnicity is depicted in the following tables. In 2010 and 2018, 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.”

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 2018, this number increased to 593,733, representing 30.4 percent of the population.

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, 2018				
	Broward		Florida	
	#	%	#	%
Reported One Race	1,884,545	96.6%	20,685,400	97.1%
White	1,161,467	59.5%	15,899,574	74.6%
Black/African American	562,696	28.8%	3,410,741	16.0%
American Indian & Alaska Native	6,018	0.3%	59,870	0.3%
Asian	69,401	3.7%	593,634	2.8%
Native Hawaiian & Other Pacific Islander	1,816	0.1%	12,841	0.1%
Other Race	79,885	4.1%	708,740	3.3%
Two or more races	66,715	3.4%	613,925	2.9%
TOTAL	1,951,260	100%	21,299,325	100%

Source: American Community Survey 2018

Hispanic/Latino Population, 2010			
	Total	Subtotal	% of Total
Hispanic/Latino (any race)	441,849		25.1%
Cuban		78,716	4.5%
Puerto Rican		81,065	4.6%
Colombian		70,339	4.0%
Not Hispanic or Latino	1,311,729		74.9%

Source: Source: U.S. Census Bureau, 2010 Census

Hispanic/Latino Population, 2018			
	Total	Subtotal	% of Total
Hispanic/Latino (any race)	593,733		30.4%
Cuban		125,867	6.4%
Puerto Rican		99,104	5.0%
Colombian		88,308	4.5%
Not Hispanic or Latino	1,357,527		69.6%

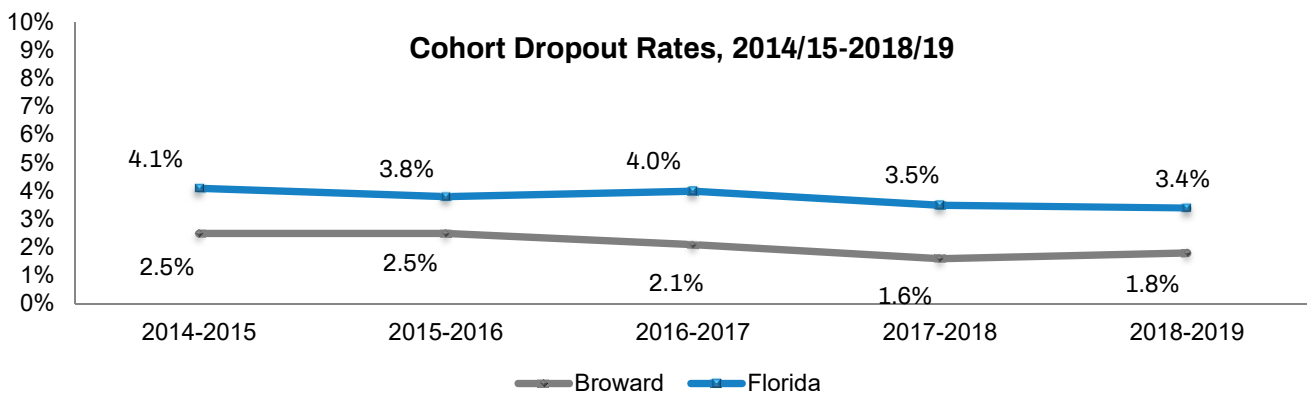
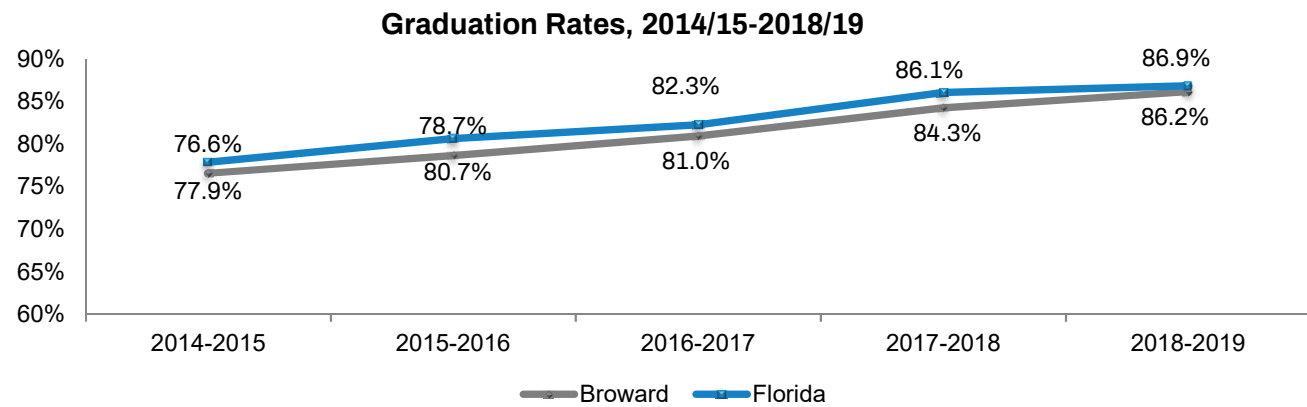
Source: American Community Survey, 2018

Haitian and Jamaican Populations, 2014-2018					
	2014	2015	2016	2017	2018
Haitian	116,643	140,344	132,982	126,622	135,352
Jamaican	111,531	112,027	108,355	117,813	114,438

Source: American Community Survey, 2018

EDUCATION

As seen the figure below, the graduation rate in Broward County has increased from 76.6% to 86.9% over a 5-year period. Dropout rates in Broward during the same 5-year period have also decreased from 2.5% to 1.8%, remaining below Florida's rate.



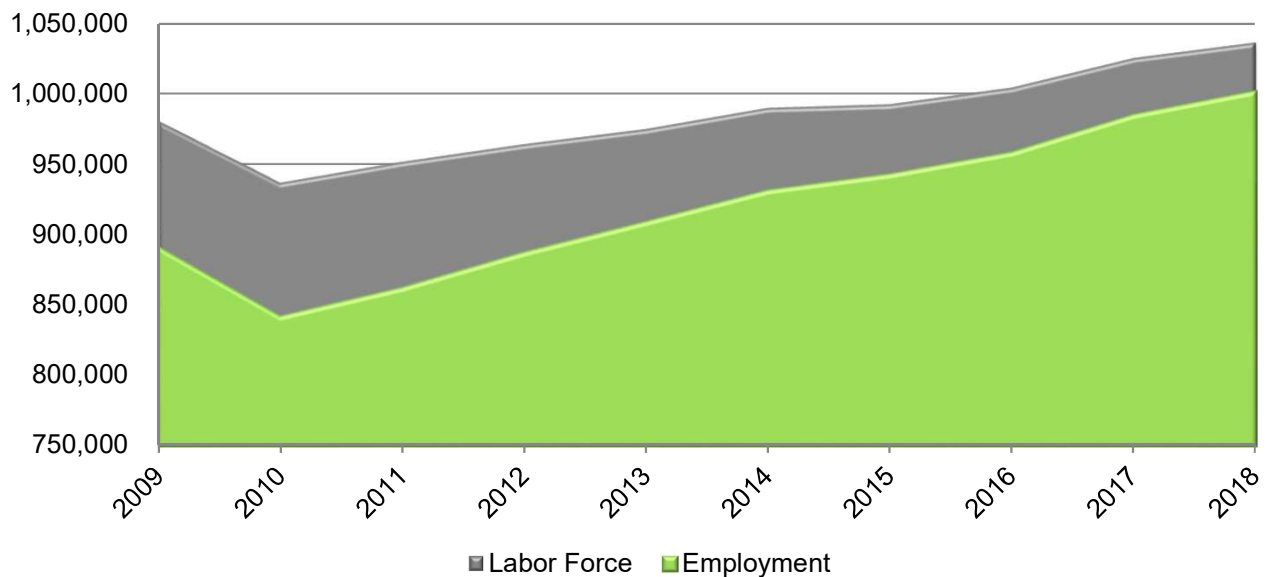
The table below depicts educational attainment for the population 25 years of age and older. Compared to the entire state of Florida, Broward has a higher percentage of attainment for both a “high school degree or higher” and “a bachelor’s degree or higher”.

Educational Attainment (ages > 25), 2017-2018				
	2017		2018	
	Broward	Florida	Broward	Florida
% HS graduate or higher	89.4%	88.4%	89.2%	88.5%
% High School Graduate	27.4%	28.8%	27.2%	28.7%
% Some college, no degree	19.6%	19.9%	20.0%	19.7%
% Associate’s degree	9.7%	10.0%	9.7%	9.7%
% Bachelor's degree or higher	32.7%	29.7%	32.3%	30.4%
% Bachelor’s degree	20.5%	18.9%	19.8%	19.1%
% Graduate or professional degree	12.2%	10.8%	12.6%	11.3%

Source: American Community Survey, 2017-2018

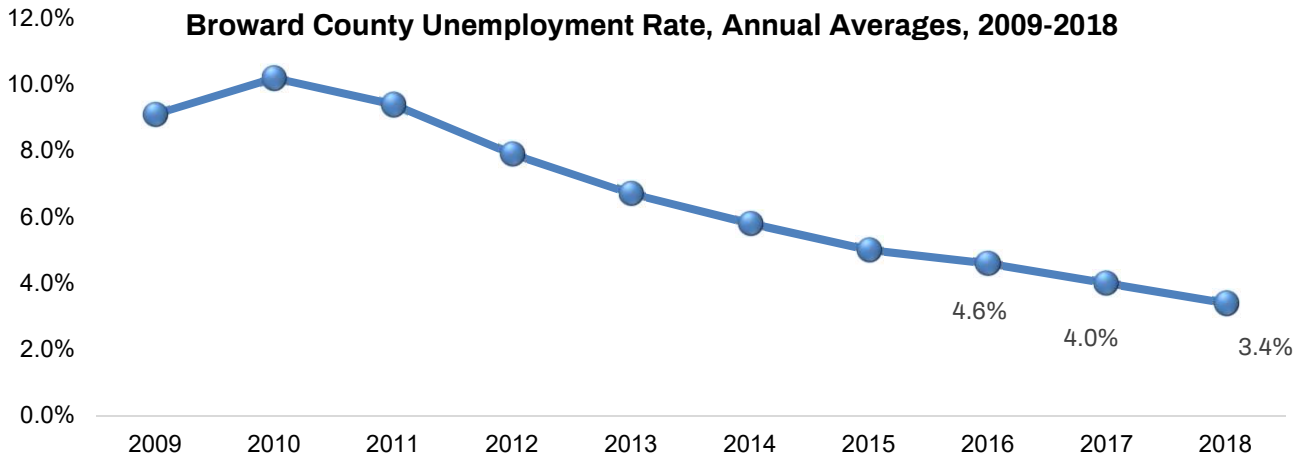
EMPLOYMENT

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 2018, there were increases in both the labor force and employment.



Broward Labor Force, Employment & Unemployment, 2014-2018						
Year	Labor Force	Employment	Job Growth		Unemployment	
			#	%	#	%
2014	989,699	930,962	22,453	2.47%	58,737	5.8%
2015	992,392	942,412	11,450	1.23%	49,980	5.0%
2016	1,004,123	957,882	15,470	1.64%	46,241	4.6%
2017	1,025,093	984,473	26,591	2.77%	40,620	4.0%
2018	1,036,212	1,001,293	16,820	1.71%	34,919	3.4%

Source: Florida Agency for Workforce Innovation, Bureau of Labor Market Information, 2018
 Green = Improvement from previous year; Yellow = No significant change from previous year; Red = Lack of improvement from previous year



POVERTY

12.4 percent of all Broward residents and 16.7 percent of people under the age of 18 are living in poverty. Of families with children under the age of 18, 13.2 percent were reported at or below the Federal Poverty Level (FPL).

% Whose Income* is Below Poverty Level, 2016-2018			
	2016	2017	2018
All families	10.6%	9.4%	9.3%
With related children under 18 years	14.8%	13.1%	13.2%
With related children under 5 years only	13.1%	10.7%	14.2%
Married couple families	6.3%	6.5%	5.9%
With related children under 18 years	7.9%	7.2%	6.0%
With related children under 5 years only	6.3%	5.3%	4.0%
Families with female householder, no husband present	22.5%	17.7%	18.4%
With related children under 18 years	28.2%	25.6%	25.6%
With related children under 5 years only	30.7%	26.4%	32.6%
All people	13.5%	13.1%	12.4%
Under 18 years	18.3%	17.9%	16.7%
Related children under 18 years	17.9%	17.7%	16.5%
Related children under 5 years	21.5%	18.8%	17.5%
Related children 5 to 17 years	16.6%	17.2%	16.2%
18 years and over	12.2%	11.8%	11.3%
18 to 64 years	11.8%	11.4%	10.7%
65 years and over	13.4%	13.4%	13.7%
People in families	11.2%	10.5%	9.9%
Unrelated individuals 15 years and over	22.5%	23.1%	23.1%

Source: American Community Survey 2016, 2017, 2018 *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

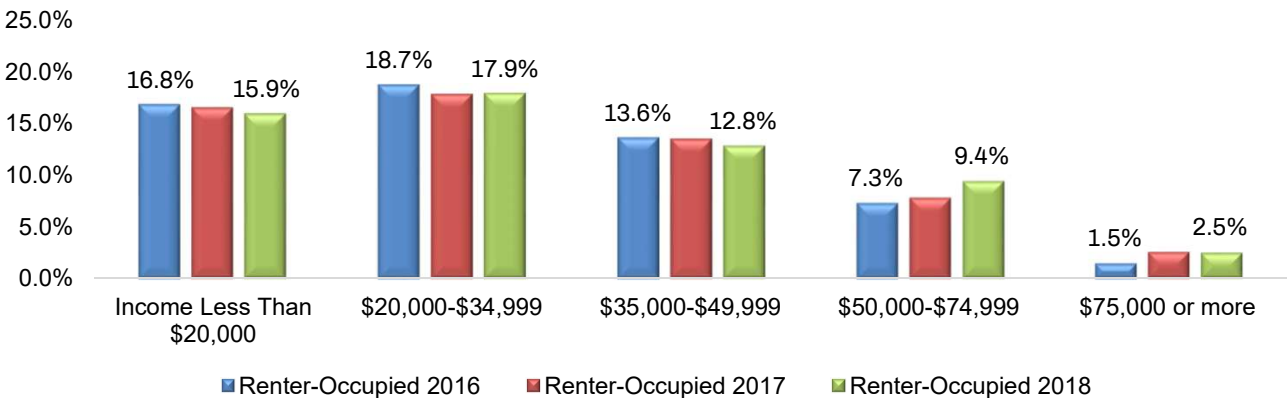
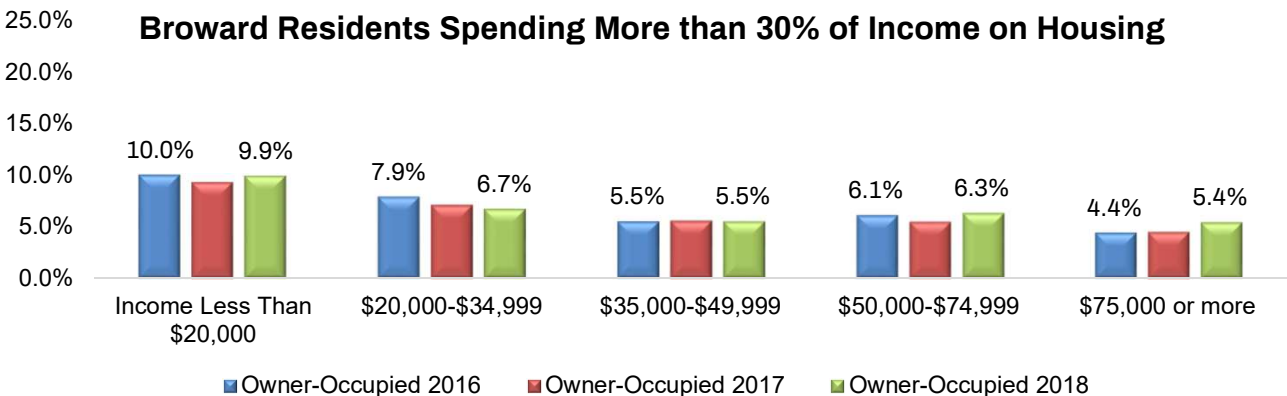
Economic crises including unemployment and foreclosures, increase the number of individuals and families at risk of becoming homeless. The chart below depicts the gross rent reported for Broward in 2017 and 2018. the 2018 median rent in Broward was \$1,372 with percent 42.3% of rental units falling between \$1,000 and \$1,499.

Broward Monthly Gross Rent, 2017 vs. 2018				
Monthly Gross Rent	2017		2018	
	# Units	%	# Units	%
< \$200	1,486	0.6	475	0.2
\$200-\$299	2,807	1.1	3,509	1.3
\$300-\$499	4,237	1.6	2,944	1.1
\$500-\$749	10,340	4.0	7,501	2.9
\$750-\$999	37,670	14.5	18,803	7.2
\$1,000-\$1,499	102,967	39.7	110,314	42.3
> \$1,500	92,907	35.8	97,435	37.3
NO CASH RENT	6,755		6,536	
MEDIAN RENT	\$1,328		\$1,372	

Source American Community Survey 2017, 2018

According to the United Way's Assets Limited, Income Constrained, Employment (or ALICE) Report the median cost of housing in Broward for a single person should be \$772 and for a family of 4 \$1,253. As show above, Broward's monthly gross rent is higher than both the affordable cost for a single person or a family of 4.

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 figures below displays a comparison between owner-occupied and renter-occupied income to housing cost ratio from 2016-2018.



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 2,803 homeless individuals in 2019.

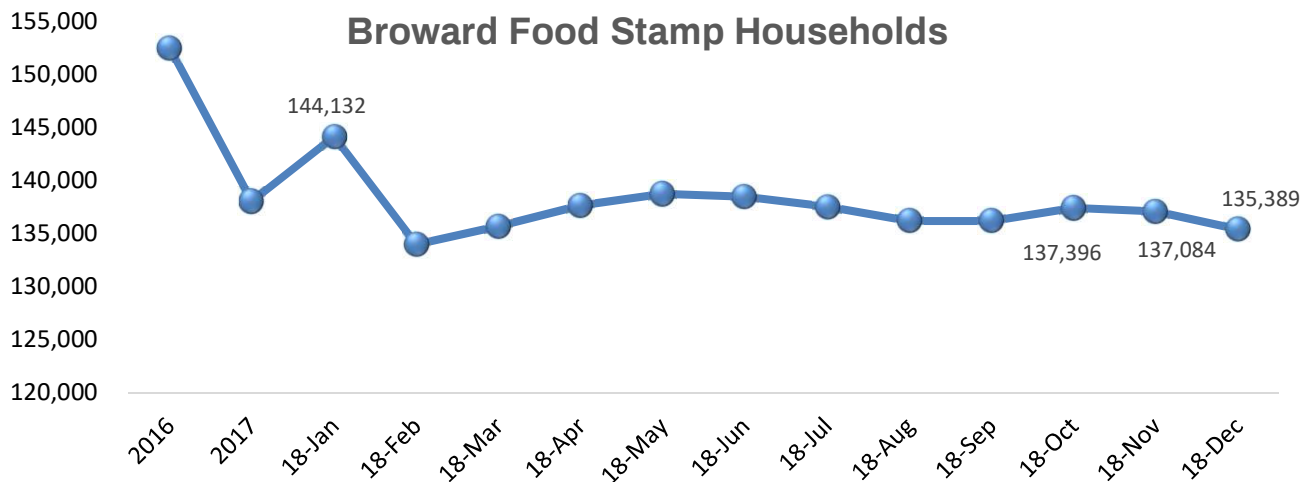
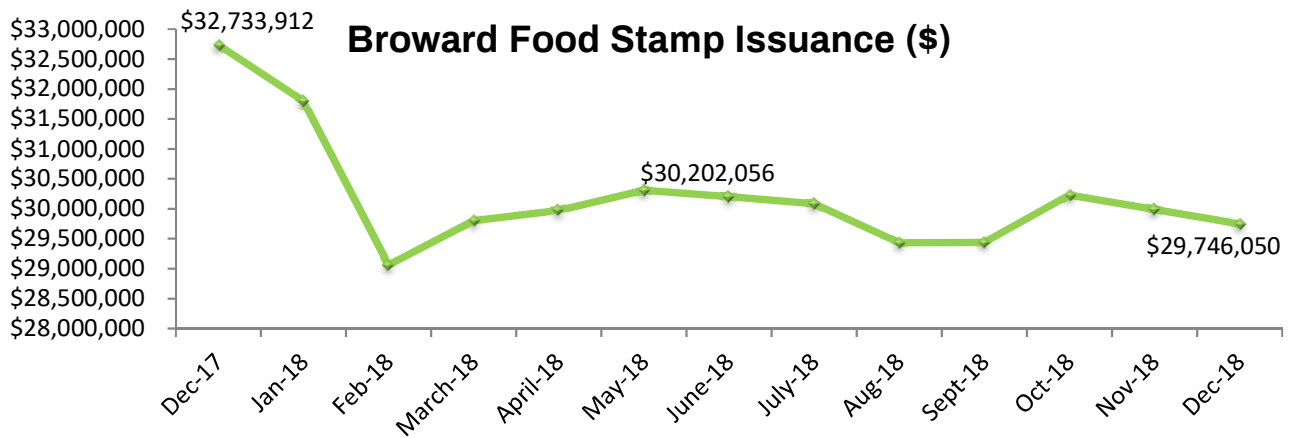
PUBLIC ASSISTANCE

Public assistance is an indicator related to the number of individual living in poverty. In 2020 due to the Covid-19 pandemic the Supplemental Nutrition Assistance Program (SNAP) increased the amount of amount of emergency relief by 40% to \$2 billion dollars per month per SNAP household across the country and 3 territories. Maximum benefit amounts are being provided to all persons in a household regardless of income. The breakdown is as follows:

SNAP Monthly Changes by Household Size	
# in HH	Max Benefits
1	\$194
2	\$355
3	\$509
4	\$646

Source: DCF Covid-Response

The figure below shows an increase in the Food Stamp issuance in Broward from December 2017 (\$32,733,912) through December 2018 (\$29,746,050). From January to December of 2018 the number of households receiving food stamps increased from 144,132 to 135,389



Source: Florida Public Assistance Caseload Report – Food Stamps, Florida Department of Children and Families

Broward County Public Assistance: Food Stamps, TANF & Medicaid, 2017-December 2018

Year	Food Stamp Households	Food Stamp Clients	TANF Clients	TANF Families	Medicaid Clients
Broward					
2017 avg.	138,048	273,795	4,584	2,794	307,348
Jan-18	144,132	271,903	3,808	2,399	294,151
Feb-18	133,959	251,918	3,655	2,332	295,268
Mar-18	135,693	255,785	3,916	2,436	292,454
April-18	137,656	260,675	4,028	2,470	292,579
May-18	138,720	262,752	3,790	2,372	283,348
June-18	138,466	261,870	3,733	2,327	283,209
July-18	137,521	259,610	3,833	2,367	284,950
Aug-18	136,159	256,062	3,838	2,338	283,780
Sept-18	136,159	246,055	3,838	2,338	284,411
Oct-18	137,396	259,272	3,920	2,409	285,171
Nov-18	137,084	258,708	3,867	2,358	283,681
Dec-18	135,389	255,267	3,852	2,365	283,124
Florida					
2017 avg.	1,715,976	3,379,943	72,903	45,070	3,443,337
Jan-18	1,738,023	3,396,326	68,133	42,692	3,382,077
Feb-18	1,626,086	3,167,285	66,003	41,560	3,377,268
Mar-18	1,640,377	3,201,739	68,140	42,650	3,348,858
April-18	1,650,398	3,233,121	68,124	42,965	3,338,724
May-18	1,654,346	3,243,422	65,242	41,676	3,295,492
June-18	1,655,134	3,241,878	65,565	41,862	3,290,826
July-18	1,639,354	3,207,541	64,664	41,328	3,306,796
Aug-18	1,620,979	3,160,617	65,625	41,469	3,291,665
Sept-18	1,620,979	3,012,312	65,625	41,469	3,299,305
Oct-18	1,631,655	3,187,459	67,825	42,507	3,302,437
Nov-18	1,625,214	3,169,861	66,781	41,875	3,282,789
Dec-18	1,603,220	3,120,917	66,364	41,742	3,277,244

Source: Broward & State of Florida Public Assistance Caseload Report, 2017-2018

HEALTH INSURANCE

The table below highlights the health insurance trends for the United States, Florida and Broward County. At 14.4% in 2018, the Broward uninsured rate remains higher than the United States and Florida, indicating that Broward is disproportionately impacted by a lack of healthcare coverage. However, despite being higher than both Florida and the United States, Broward's uninsured rate slightly decreased from 2017 to 2018. 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.

Civilian Non-Institutionalized Population Uninsured Rate, by Age Group, 2017 vs. 2018

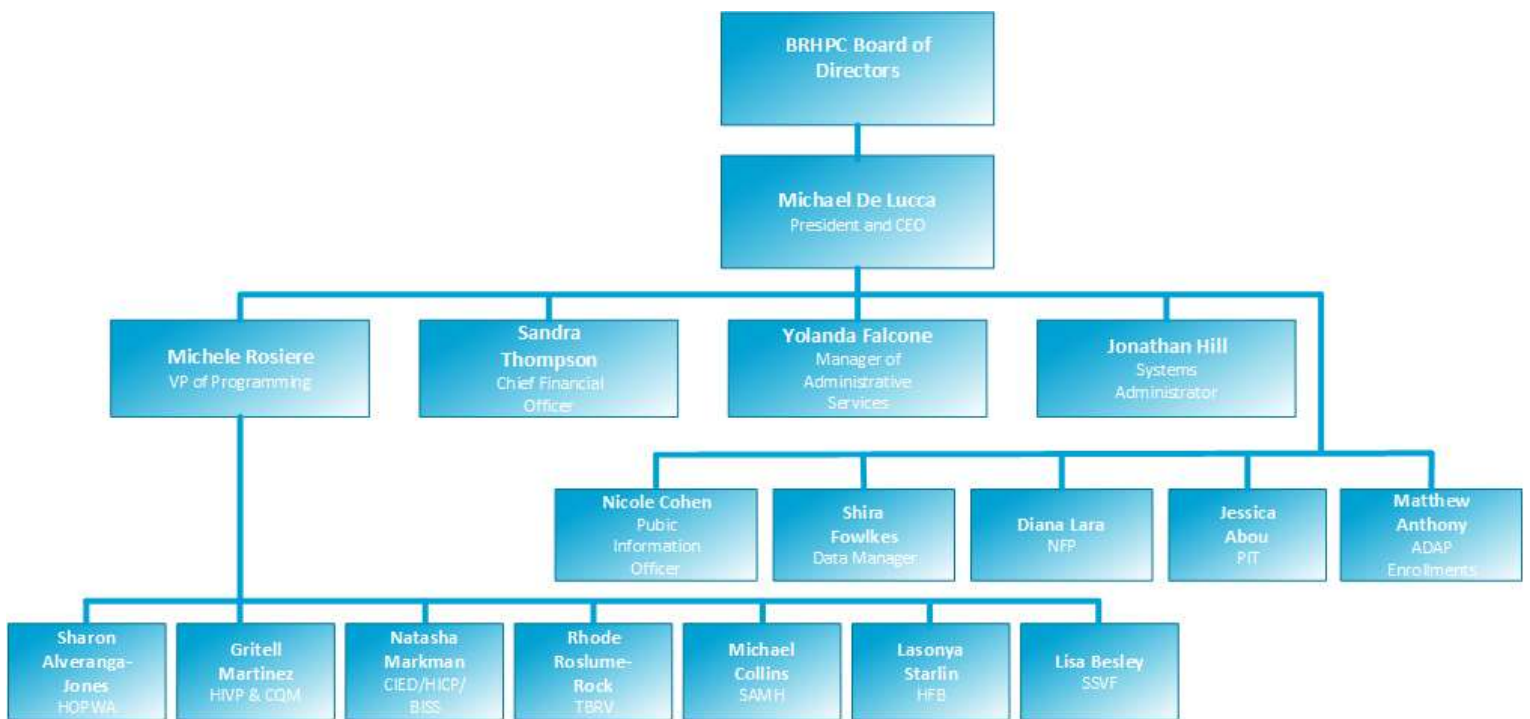
	Broward		Florida		U.S.	
	2017	2018	2017	2018	2017	2018
Total Rate	14.6%	14.4%	12.9%	13.0%	8.7%	8.9%
< 19	8.9%	8.6%	7.3%	7.6%	5.0%	5.2%
19-64	19.8%	19.7%	19.1%	19.1%	12.3%	12.5%
≥ 65	2.3%	2.8%	1.2%	1.2%	0.8%	0.8%

Source: US Census Bureau, 2017, 2018 American Community Survey

D. COPIES OF EXTERNAL ASSESSMENTS

See attached PRC Broward County Community Health Needs Assessment.

E. ORGANIZATIONAL CHART



F. BOARD MEMBER LIST & PROFILES

Board of Directors 2020/2021

Barbara S. Effman, MPH

Chair

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

John A. Benz, MBA

Vice Chair

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.

Samuel F. Morrison, BA, MLS

Secretary

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.

Mark Dissette, MBA

Treasurer

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

Pamela B. Africk

Board Member

Chief Executive Officer and President of Best Practices USA, 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.

Osmel Delgado, MBA, PharmD, FASHP

Board Member

Chief Operating Officer, Senior Director and Administrative Director of Operations at Cleveland Clinic.

Vince L. Johnson

Board Member

Outreach Services and Business Development Manager of Broward Health; Kappa Alpha Psi Fraternity, Inc.

Albert C. Jones, MA

Board Member

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

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 Homeowners Association.

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.

G. HUMAN RESOURCES PLAN

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 the Vice President of Programs 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.

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 are 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 & 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 monthly PQI Committee meeting, 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.

H. 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 Chief Financial Officer, under the review and approval by BRHPC's 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 Statue 280 or 218 regarding investment policies for Public/Government entities and consistent with the written investment policy adopted by the BRHPC Board of Directors.

I. PRC Broward County CHNA

The Community Health Needs Assessment has been conducted in Broward County for over 20 years with the purpose of assessing the quality of life and well-being of the local community. The first iteration of this assessment was conducted in 1992 by Dr. Abt Smith and his team with the assistance of Dr. Joe M. Inguanzo of PRC as expert partners.

This data collection effort continued into the nineties and was spearhead by a committee of community leaders who made it their mission to include the community voice in strategic planning and program development efforts. Earlier participants in this process included: John Benz (Memorial Healthcare System), David Roach (Department of Health), Richard Ogburn (South Florida Regional Planning Council), Michael De Lucca (Broward County Government), Jerilyn Grimm (Memorial Healthcare System), Ted Wright (Broward College), Bob Daniels, John Hart, Jack Osterhalt (Broward County Government), Will Trower (Broward Health), and Frank Sacco (Memorial Healthcare System). Other contributors may be missing from this list.

Today, Broward Regional Health Planning Council is proud to continue this qualitative approach to understand how well our residents are faring across life's spectrum. With financial contribution from the Health Foundation of South Florida and the technical support of Professional Research Consultants, Broward Regional Health Planning Council led in the re-organization of this report to reflect the impact of Social Determinants of Health. Social Determinants of Health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks

Economic Stability

- Financial Resilience
- Housing
- Food Insecurity
- Child Care

Health & Health Care















- Overall Health Status
- Activity Limitations
- Mental Health
- Cardiovascular Disease
- Cancer
- Diabetes
- Alzheimer's Disease
- Modifiable Health Risks
- Access to Health Services
- Oral Health
- Health Literacy

Neighborhood & Built Environment



- Access to Healthy Food
- Built Environment
- Crime & Violence

Social & Community Context







- Social Cohesion
- Discrimination








Economic Stability	North vs. South	
	North Broward	South Broward
% Have Enough Savings to Fully Cover Emergency Expense	 73.6	 69.9
% Experienced Unhealthy Housing Conditions in Past Year	 16.1	 15.6
% Worry/Stress Over Rent/Mortgage in Past Year	 35.4	 41.2
% Spend More Than 30% of Income on Housing	 41.0	 50.3
% Homeless At Some Point in Past Two Years	 4.9	 3.1
% Lived with a Friend or Relative Due to Housing Emergency/Past 2 Yrs	 14.4	 9.1
% Worried Food Would Run Out	 26.0	 28.9
% Local Availability of Affordable Child Care Services is "Fair/Poor"	 37.1	 28.2
% Local Availability of Quality Child Care Services is "Fair/Poor"	 27.7	 15.4

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.































Broward County	Broward County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
72.2				
15.9				
37.6		 30.8		
44.4				
4.2				
12.4				
27.1		 25.4		
33.2				
22.3				





































 better  similar  worse


























Health & Health Care	North vs. South	
	North Broward	South Broward
% "Fair/Poor" Overall Health	 14.9	 8.8
% Activity Limitations	 23.0	 20.5
% Family Member Has Been Diagnosed with Alzheimer's/Dementia	 27.2	 25.5










Broward County	Broward County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
12.6	 19.4	 18.1	 9.0	
22.0	 20.7	 25.0	 21.5	
26.6			 24.0	







Health & Health Care (continued)	North vs. South		Broward County	Broward County vs. Benchmarks			TREND
	North Broward	South Broward		vs. FL	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	11.0	11.8	11.3		13.0	12.1	
% Diagnosed Depression	15.3	17.8	16.2	17.1	21.6	7.9	
% Typical Day Is "Extremely/Very" Stressful	12.6	20.6	15.7		13.4		
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.3	3.5	4.6		8.0	6.6	
% Stroke	3.6	1.9	2.9	3.6	4.7	2.5	
% Told Have High Blood Pressure (Ever)	37.3	33.3	35.8	34.6	37.0	22.1	
% Told Have High Cholesterol (Ever)	38.2	33.1	36.3		13.5	29.6	
% 1+ Cardiovascular Risk Factor	85.4	85.0	85.2		87.2	90.3	
% Cancer	11.0	15.3	12.6				
% Diabetes/High Blood Sugar	17.2	10.7	14.7	10.6	13.3	6.0	
% Borderline/Pre-Diabetes	7.4	10.0	8.4	2.5	9.5	5.4	
% 3+ Servings of Vegetables per Day	21.1	28.8	24.0		31.4	24.3	
% No Leisure-Time Physical Activity	24.6	25.2	24.8	29.2	26.2	32.6	
% [Age 5-17] Child Has 2+ Hours of Total Screen Time per Day			38.2				
% Healthy Weight (BMI 18.5-24.9)	34.8	35.7	35.2	33.9	30.3	33.9	














Health & Health Care (continued)	North vs. South	
	North Broward	South Broward
% Overweight (BMI 25+)	 63.7	 58.3
% Obese (BMI 30+)	 25.7	 23.5
% Children [Age 5-17] Healthy Weight	 35.9	 52.8
% Children [Age 5-17] Overweight (85th Percentile)	 42.1	 29.9
% Children [Age 5-17] Obese (95th Percentile)	 22.4	 16.9
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	 24.2	 39.0
% Used Opiates/Opioids in the Past Year	 14.8	 13.1
% Personally Impacted by Substance Abuse	 27.9	 34.1
% Current Smoker	 8.8	 19.9
% Currently Use Vaping Products	 5.5	 9.9
% [Age 18-64] Lack Health Insurance	 23.7	 11.2
% Cost Prevented Physician Visit in Past Year	 20.2	 17.1
% Transportation Hindered Dr Visit in Past Year	 12.9	 8.5
% Cost Prevented Getting Prescription in Past Year	 16.1	 12.5
% Difficulty Getting Child's Healthcare in Past Year	 2.9	 8.2











Broward County	Broward County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
61.7	 64.1	 67.8		 44.9
24.9	 28.4	 32.8	 30.5	 12.5
43.2		 58.4		 75.2
36.8		 33.0		 16.8
20.0		 20.4	 14.5	 10.7
29.8	 15.1	 20.0	 24.2	 13.9
14.1				
30.3		 37.3		
13.0	 16.1	 16.3	 12.0	 21.8
7.1	 4.3	 3.8		
18.7	 20.9	 13.7	 0.0	 12.1
19.0		 15.4		 10.7
11.3		 8.3		
14.7		 14.9		 8.5
5.3		 5.6		 2.2




Health & Health Care (continued)	North vs. South		Broward County	Broward County vs. Benchmarks		
	North Broward	South Broward		vs. FL	vs. US	vs. HP2020
% Have Had Routine Checkup in Past Year	 70.3	 75.3	72.2	 74.9	 68.3	 73.4
% Child Has Had Checkup in Past Year	 81.5	 81.2	81.3	 87.1		 88.5
% Rate Local Healthcare "Fair/Poor"	 25.5	 9.4	19.5	 16.2		 14.3
% [Age 18+] Dental Visit in Past Year	 64.6	 58.5	62.3	 63.0	 59.7	 49.0  71.9
% Low Health Literacy	 25.3	 25.4	25.3	 23.3		
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>						
						
			better	similar	worse	

Neighborhood & Built Environment	North vs. South		Broward County	Broward County vs. Benchmarks		
	North Broward	South Broward		vs. FL	vs. US	vs. HP2020
% "Very/Somewhat" Difficult to Buy Fresh Produce	 23.5	 19.7	22.1	 22.1		
% Neighborhood Walkability is "Fair/Poor"	 26.2	 21.4	24.5			
% Do Not Drive/Own a Vehicle	 16.2	 16.5	16.3			
% Cannot Rely on Public Transportation for Needs	 50.9	 44.9	48.6			

Neighborhood & Built Environment (continued)	North vs. South	
	North Broward	South Broward
% Perceive Neighborhood as "Slightly/Not At All Safe"	 18.4	 16.0
% Victim of Violent Crime in Past 5 Years	 4.6	 7.6
% Victim of Domestic Violence (Ever)	 16.5	 19.1
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Broward County	Broward County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
17.5				
5.7				 4.3
17.5				
 better  similar  worse				

Social & Community Context	North vs. South	
	North Broward	South Broward
% "Seldom/Never" Get The Social and Emotional Support Needed	 19.3	 13.1
% Feeling Isolated From Others	 31.5	 30.7
% Feeling Left Out	 39.8	 34.4
% Feeling A Lack of Companionship	 38.8	 42.6
% Lonely	 18.5	 20.5
% Believe Own Healthcare Exps Are "Worse" Than Those of Other Races	 5.3	 7.5
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Broward County	Broward County vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
17.0				
31.2				
37.8				
40.2				
19.3				
6.2				
 better  similar  worse				