Mission: Broward Regional Health Planning Council, Inc., a non-profit private organization, 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.
Broward Regional Health Planning Council, Inc. (BRHPC), a not-for-profit, was established in 1982 under Florida Statute (408.033) as the legislatively designated Broward County local health planning entity. 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. 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 meets 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 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 diseases 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 the lead agency for the Transforming Our Community’s Health (TOUCH) initiative in Broward County, the only Florida initiative to receive a Community Transformation Grant award from the U.S. Department of Health and Human Services’ (HHS) Center for Disease Control and Prevention (CDC). The TOUCH initiative is a true collaborative effort among more than 20 community partners and 10 coalitions that focuses on reducing health disparities and improving the health and well-being of the residents of Broward County. BRHPC and its community partners are implementing programs and policy changes in these four strategic directions: Tobacco Free Living, Active Living and Healthy Eating, High Quality Clinical and Preventive Services, and Healthy and Safe Physical Environment.
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 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 within 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 and social service agencies, and colleges and universities.

This past year, BRHPC partnered with the Master of Public Health Program of the College of Osteopathic Medicine at Nova Southeastern University to implement the Public Health Workforce Development Series. The goal of the series is to build the capacity of the public health workforce of Broward County through continuing education and training. Specifically, participants in the series are provided skills-based training through tutorials, educational seminars, and problem-based workshops. Topics include grant writing, conflict resolution, data mining, governmental advocacy, social marketing, strategic planning, statistical analysis software, and computer proficiency training in hardware and software.

BRHPC takes pride in 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.

BRHPC Executive Staff
Top Row (left to right): Jonathan Hill, Yolanda Falcone, Mike De Lucca, Mia McNemey
Bottom Row (left to right): Regine Kanzki, Michele Rosiere
LETTER FROM THE PRESIDENT AND CEO

Transforming Our Community’s Health (TOUCH) is not just a community initiative that is managed by BRHPC, but it is also the underlying philosophy in everything we do at the Council. We bring together the people, organizations and resources to get things done in our community and we strive to create long-lasting positive change by addressing the barriers to quality health and social services. Even though funding for the TOUCH initiative from the CDC is ending this year, we have applied for other CDC community health improvement funding to continue the progress made in expanding opportunities to improve the health and wellbeing of the residents of Broward County. BRHPC has been able to transform our community’s health through the addition of several new programs this year, including the Nurse Family Partnership, Supportive Services for Veterans and Families program, and the Affordable Care Act Certified Application Counselors Initiative.

The Nurse Family Partnership (NFP), funded by a federal grant through the Florida Association of Healthy Start Coalitions, is a partnership between BRHPC, Broward Health, Memorial Healthcare System and the Broward Healthy Start Coalition. This program allows nurses to deliver the support that first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life.

The Supportive Services for Veterans and Families program (SSVF) was implemented last year by the United Way of Broward County, as part of their MISSION UNITED initiative. This program provides eligible veteran families with outreach, case management and assistance in obtaining VA and other benefits such as health care services, daily living services and legal services. As a community partner for SSVF, BRHPC provides social services and rapid re-housing case management for veterans and their families at-risk or coming out of homelessness. Other SSVF partners include American Red Cross South Florida region, 2-1-1 Broward, the Urban League of Broward County, Coast to Coast Legal Aid of South Florida and Legal Aid Services of Broward County.

Through a grant provided by Community Catalyst, BRPHC has formed the Broward County Certified Application Counselors (CAC) Initiative, a multi-organizational collaborative that provides Certified Application Counselors throughout Broward County to assist uninsured individuals and families to obtain coverage through the Affordable Care Act’s federal Health Insurance Marketplace. The CAC initiative is continuing to reach out to those who are uninsured and provide education on insurance options, preparing individuals and families for the next open enrollment in November 2014. BRHPC has also applied as lead agency for Broward County for ACA Navigator services, which are similar to our CAC program but will provide a more expanded role in outreach and education.

I am very thankful for the support and collaboration of our funders, community partners, board members and staff that help us transform our community’s health, and we look forward to another year of serving you and our community.

Sincerely,

Mike De Lucca, MHM
This section describes BRHPC's direct service programs, which serve uninsured and underinsured low-income Broward County residents. Programs include:

- Healthy Families Broward
- Nurse Family Partnership
- Chronic Disease Self-Management Programs:
  - Living Healthy/Tomando Control de su Salud
  - Diabetes Self-Management/Programma de Manejo Personal de la Diabetes
- Centralized Intake & Eligibility Determination
- Housing Opportunities for Persons with AIDS
- Housing Stability Program
- Forensic Reintegration Program
- Supportive Services for Veterans and Families
- Certified Application Counselors
**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 Systems 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.

**# of Clients Served during FY 2013 -2014**

Healthy Families Broward: 1,498 Individuals/498 Families

**Partners/ Collaborators**

Healthy Families Broward services are delivered through a collaborative effort with BRHPC as the lead entity. Subcontracts are in place for three teams to provide services through the following agencies: Healthy Mothers Healthy Babies, KID Inc. and Memorial Healthcare Systems. The program screens expectant parents and parents with newborns for eligibility through collaboration with the following local birthing hospitals: Holy Cross Hospital, Broward General Medical Center, Plantation General Hospital, Memorial Regional Hospital and Memorial West. Memoranda of Agreements are established with the following community partners for exchange of referrals and collaboration: ChildNet, 211 Broward, Women In Distress, Family Central and Healthy Start Coalition of Broward.
**Services/ Activities**
The program seeks to educate families by providing home visitation and support services, thereby reducing the occurrence of abuse and neglect, and increasing the opportunity for children to succeed. Families enroll voluntarily prenatally, upon giving birth at the hospital, or through self-referral. Through collaboration with local community health and social service agencies and birthing hospitals, the program screens expectant parents and parents with newborns for eligibility. If they meet the criteria (based on a scoring system), they are matched with a paraprofessional Family Support Worker who is able to relate to their culture. The Family Support Worker provides education and support in the home centered on the needs of the family, using a diminishing schedule based on a leveling system: weekly (Level 1), bi-weekly (Level 2), monthly (Level 3), and quarterly (Level 4). The Family Support Worker helps to establish support systems, teaches problem solving skills, enhances positive parent-child interaction, and offers information, education and referrals to community resources. During the home visit, the Family Support Worker presents curricula about positive parenting, child-development, health and safety. The overall goal of Healthy Families Broward is to strengthen and connect the participating families to their communities so that the families may overcome the challenges associated with housing, finances, substance abuse, domestic violence, social isolation and mental health. The staff provides support and guidance while developing a trusting relationship that is based upon creating and promoting positive parent-child relationships and healthy child development, with the ultimate goal of assisting parents to be emotionally available for their child while preventing abuse and neglect.

**Strengthening Standards**
Healthy Families is recognized by Prevent Child Abuse America/Healthy Families America as a nationally credentialed multi-site program based on over 20 years of research. A multi-site credential means that all Healthy Families Florida sites within the statewide system are recognized as providers of high quality home visitation services. BRHPC is a certified, accredited provider of the Healthy Families program in Broward County. Healthy Families Broward completed a rigorous review process to demonstrate that the voluntary home visiting program has met nationally established, research-based standards that ensure quality service delivery for re-accreditation.

### **DEMONSTRATED SUCCESS AND LEADERSHIP**

| HFB Outcome Indicators 2013 – 2014 | 85% of target children will be up-to-date with immunizations at 6 months of age. | 88% | 95% of target children will be up-to-date with well-child checks at 6 months of age. | 88% | 95% of children in families who complete the program shall have no "verified" findings of child maltreatment within 12 months after completion. | 96% | 95% of the children in families participating in the program for more than six months shall have no "verified" findings of child maltreatment during their participation. | 98% | 90% of target children enrolled six months or longer will be linked to a medical provider. | 99% | 80% of all assessments must occur either prenatally or within the first two weeks after the birth of target child. | 94% | 90% of primary participants enrolled in the project six months or longer will be linked to a medical provider. | 97% | 80% of mothers enrolled will not have a subsequent pregnancy within two years of the target child's birth. | 100% | 85% of target children will be up-to-date with immunizations at 24 months of age. | 90% | 85% of target children will be up-to-date with well-child checks at 24 months of age. | 87% |
Healthy Families Broward improves health-related outcomes for children and families.
HFB serves families that reside within underserved zip codes with several indicators, including low income, single parent households, and higher rates of domestic violence. Through education and support provided during home visits, the program assists participants in accessing community resources such as Medicaid, Food Stamps, Kidcare, rent assistance and more. In addition, developmental screenings are conducted to monitor each child’s development. In the event that a delay is indicated on a developmental screen or a parent expresses concern about his/her child’s development, the staff makes a referral as necessary to ensure appropriate intervention and to assist with referral linkages.

Healthy Families Graduating Class of 2014
A Celebration of Determination, Dedication and Family Success!

Healthy Families Broward educates the community and leverages resources.
Healthy Families is a nationally-recognized program for child abuse prevention as it uses an effective home visitation model with paraprofessionals with a varied set of qualities and abilities, including compassionate communication and bi-lingual skills. They also serve as the bridge for accessing community resources for participants. The program also engages the community through education at community events. Healthy Families Broward participates in the Broward Aware Campaign and its annual Family Resource Fair.

“My home visitor has helped me overcome many hard problems and has really become a shoulder to lean on.”

“My home visitor is always listening and offers any resources she can think of to better help my child and myself. Ever since I entered the program she’s been caring and understanding.”
Program Overview
The Nurse-Family Partnership 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 the funding of the program by the Maternal Infant and Early Childhood Education Home Visitation (MIECHV) grant 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.

Nurse-Family Partnership’s outcomes include long-term family improvements in health, education, and economic self-sufficiency. By helping to break the cycle of poverty, they play an important role in helping to improve the lives of society’s most vulnerable members, build stronger communities, and leave a positive impact on this and future generations. This evidence-based model of partnering nurses and first-time moms has more than 35 years of research from randomized, controlled trials that prove it works. These moms and their babies are not the only ones who benefit. Communities and society as a whole have grown stronger thanks to Nurse-Family Partnership’s commitment to achieving the following goals:

- Improve pregnancy outcomes by helping women engage in good preventive health practices, including getting prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol, and illegal substances
- Improve child health and development by helping parents provide responsible and competent care; and
- Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work
**Target Population**
Broward Regional Health Planning Council, Inc. expects to serve 100 mothers with this program in the upcoming year. With the collaboration of both Memorial Hospital 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
- Reside in one of the following targeted Broward zip code: 33064, 33069, 33060, 33319, 33313, 33311, 33024, 33025, 33023

**# of Clients Served during FY 2013 -2014**
43 Active Clients / 5 Infants

**Partners/ Collaborators**
The Broward Nurse Family Partnership services are delivered through a partnership between BRHPC and the two hospital districts in Broward: Memorial Healthcare System and Broward Health. Each hospital district directly employs two home visiting nurses who are trained and report to a nurse supervisor employed by BRHPC. The participants are screened for program eligibility through collaboration with the Broward Healthy Start Coalition and its funded providers. Nurse Family Partnership also works in close collaboration with Hope Women’s Center to receive eligible participants.

**Services/ Activities**
Nurse-Family Partnership is a program of prenatal and infancy home visiting for low-income, first-time mothers and their families. The nurses begin visiting their clients as early in pregnancy as possible, helping the mother-to-be make informed choices for herself and her baby. Nurses and moms discuss a wide range of issues that affect prenatal health from smoking cessation, to healthy diets, to information on how to access proper healthcare professionals. This trusted, expert guidance leads to healthier pregnancies.

**Strengthening Standards**
NFP is one the most rigorously tested programs of its kind. Randomized controlled trials conducted over the past 35 years demonstrate multi-generational outcomes for families and their communities. Mothers and children who have participated in the program have consistently demonstrated significantly improved prenatal health, fewer subsequent pregnancies, increased maternal employment, improved child school readiness, reduced involvement in crime, and less child abuse, neglect and injuries. Independent analyses have shown that communities benefit socially and financially when they invest in NFP; the RAND Corporation calls Nurse-Family Partnership “a wise choice” that has favorable economic return to communities of up to $5.70 for every public dollar spent on the program.
Nurse Family Partnership improves health-related outcomes for children and families.
The evidentiary standards for the Nurse-Family Partnership program are among the strongest available for preventive interventions offered for public investment. In fact, in medical and scientific journals, Nurse-Family Partnership is most often cited as the most effective intervention to prevent child abuse and neglect, which contributes to childhood injury. Injury, in turn, is the leading cause of death for children from age one to early adulthood. In addition, the program is successful in addressing prenatal health problems, such as prenatal tobacco exposure, which increases the risk of preterm delivery, low birth-weight, behavioral problems, and adolescent crime, and is substantially more prevalent in low-income than high-income women.

Nurse-Family Partnership can help ensure school readiness for young children born into families at risk, and prevent poor school starts that can lead to a lifelong struggle with educational achievement. Mothers experience social disadvantage when they suffer from symptoms of depression, limited intellectual functioning and diminished belief in their ability to manage their lives. In turn, they have more difficulty caring well for their children. Research on the Nurse-Family Partnership shows that their nurse-visited children fare better in cognitive and language development than their control-group counterparts.

Nurse Family Partnership encourages self-sufficiency.
While working with their nurse home visitor, many of the young women in the Nurse-Family Partnership program set goals for themselves for the very first time. By joining forces with Nurse-Family Partnership, nurses change the lives of their most vulnerable clients, and thereby create a better, safer, and stronger community not just for today, but for generations to come.
**CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS**

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<th>Contract Year</th>
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<tr>
<td>Health Foundation of South Florida</td>
<td>Feb 13, 2013 – Feb 14, 2014</td>
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**Program Overview**

The Healthy Aging Regional Collaborative leads the countywide implementation of the Living Healthy/Tomando Control de Su Salud program and /Programa de Manejo Personal de la Diabetes, models of the Stanford Chronic Disease Self-Management Programs. The programs each consist of a six-week workshop, in English or Spanish, designed to empower seniors with various chronic diseases to take control of their health. BRHPC works collaboratively with community partners to deliver the workshops throughout Broward County.

**Target Population**

With collaboration from partner agencies, BRHPC’s Living Healthy Program has expanded to reach seniors, ages 55 and over, in the following zip codes: 33009, 33020, 33021, 33027, 33029, 33065, 33069 and 33311. The senior communities in these geographic areas are historically low-income and face health challenges related to chronic conditions, which place limitations on self-care, independent living and social interactions.

**# of Clients Served during FY 2013-2014**

188 participants were served through 21 workshops (16 English, 4 Spanish, 1 Haitian Creole)

**Partners/ Collaborators**

The network of partners participating in the program include: Lighthouse for the Blind, The Hepburn Center, Nurse-on-Call at century Village, Willie L. Webb Sr. Park, St. George Community Center, Memorial Senior Partners, E. Pat Larkins Center, Community Access Center and St. Andrew Towers. It is anticipated that the network will continue to grow as outreach efforts unfold and the program’s successes are presented.

**Strengthening Standards**

The program has been tested through both efficacy trials and effectiveness studies, which consistently demonstrate measurable improvements in self-rated health, social and role activities, symptom management, and communications with physicians, while also lowering health care costs. It is estimated that 9-10 individuals will complete each program ~ attendance of 4 out of 6 classes. The goal is to ensure that at least 76% of those who attend the initial workshop complete the program. During this past contract year, the program achieved a 90% completion rate.
**Centralized Intake and Eligibility Determination**

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<th>Funder</th>
<th>Contract Year</th>
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<td>Broward County Government</td>
<td>March 1, 2011-February 28, 2012</td>
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<td>March 1, 2014-February 28, 2015</td>
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**Program Overview**

The core Centralized Intake & Eligibility Determination (CIED) function includes determining eligibility for 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 and are uninsured that 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 immigrated from other countries.

**# of Clients Served during FY 2013-2014**

Centralized Intake & Eligibility Clients Served: 7,391

**Demonstrated Success & Leadership**

Centralized Intake & Eligibility has provided services through:

- Interagency and out-posting agreements with approved Ryan White Part A Ambulatory/Outpatient Health Services Providers.
  - AIDS Healthcare Foundation
  - Broward Community & Family Health Center
  - Broward County Health Department
• Referrals to Part A Providers for case management, AIDS pharmaceutical assistance, ambulatory outpatient medical care, dental care, food bank, HIV post-test counseling, housing assistance, legal assistance, mental health, nutritional counseling, outreach services and transportation assistance.
  - Referrals Completed: 4,732
• ACCESS Applications/3rd Party Benefits.
  - Applications Completed: 236

• Satisfaction Surveys for follow-up to client referrals to Ryan White Part A providers as well as CIED to determine client satisfaction with services received.
  - Total Number of Surveys: 7,150
Housing Opportunities for Persons with AIDS

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<tr>
<td>Short Term Mortgage Rent Utilities Assistance</td>
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<td>Permanent Housing Placement</td>
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<td>Housing Case Management</td>
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<tr>
<td>Tenant Based Rental Voucher</td>
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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 form landlords within Broward County.

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

Number of Clients Served July 2013 – June 2014

- Rent Assistance - 209 persons
- Mortgage Assistance - 12 persons
- Move In Assistance - 165 persons
- Utility Assistance - 64 persons
- Case Management - 284 persons
- Tenant Based Rental - 150 households
- Households Served - 920

Strengthening Standards
The HOPWA Program developed the Housing Case Management program based on HUD-recognized best practice models for housing assistance services, as well as trend analysis and policy recommendations from organizations, such as the National AIDS Housing Coalition and the National Alliance to End Homelessness. HOPWA Housing Case Management has organizational practices based on research on successfully addressing homeless issues and HOPWA staff carry out program...
activities developed from this research and geared towards achieving long-term housing stability and positive health outcomes.

**Partners/ Collaborators**
BRHPC has collaborative relationships with all other HOPWA providers and other local HIV/AIDS service providers.

**DEMONSTRATED SUCCESS AND LEADERSHIP**

**HOPWA significantly improves access to housing for medically-fragile populations.**
The HOPWA Program has significantly improved access to housing for PLWHAs in Broward County through the provision of temporary rent assistance to ensure independent housing and the development of a housing plan for maintaining or establishing stable ongoing housing. The program emphasizes communication between Housing Case Manager and the client based on individual needs, and assistance in accessing employment.

All of these factors are correlated with increases in positive health outcomes such as better adherence with medication protocols, lower rates of hospitalization, and higher survival rates. This is a crucial aspect of increasing long term health-related outcomes for a population that earns only 54% of the local median income and might otherwise be uninsured and/or medically underserved.

**The BRHPC HOPWA team demonstrates leadership in planning for service delivery.**
HOPWA leadership staff has held a series of regular planning and development meetings with other HOPWA providers and local HIV/AIDS service agencies to facilitate collaboration, identify service delivery issues, and increase the quality of service and number of clients assisted by the HOPWA program.
**Program Overview**

The Housing Stability Program (HSP) is offered to either prevent individuals and 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-income families with children through late 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 still housed but at risk of becoming homeless; individuals and families who are already homeless.

**# of Clients Served during FY 2013-2014**

In its second year beginning October 2013, the HSP program screened and referred 244 potentially eligible clients to the Housing Options Program (HOP) for assessment. As of June 30, 2014, BRHPC assisted 52 families with *case management* and of those provided 34 families with *financial assistance*. The HSP Program has provided over **$130,000** in direct financial assistance with, re-housing assistance, past due rent, utilities, and through the savings match program to approximately **200 individuals** and families.

**Strengthening Standards**

The screening, assessment and referral process which was established at the inception of the HSP program has been consistently followed to ensure uniformity as clients enter the HSP system:

**Screening**
- Callers dial 2-1-1 Broward, where Counselors identify those who may benefit from the HSP program and connect them directly with the HSP Counselor to begin the intake process.
- The 2-1-1 HSP Counselor conducts a thorough initial screening to determine likely eligibility based upon the program criteria of income, residency, and qualifying situations such as a job loss, disability, foreclosure of rental housing, etc.
- Clients are then connected with the Broward County Housing Options Program (HOP) to complete the Intake and Assessment for HSP services.
- Candidates who are found ineligible for this program after assessment by the Broward County Housing Options Program, may have options for placement into other housing programs and case management services for which they qualify.

**Intake and Assessment**
- The Broward County Housing Options Program verifies programmatic eligibility and determines the client’s need for emergency housing assistance as part of the Assessment process.
- The client file is then forwarded to BRHPC where the client receives financial assistance and begins Case Management services also provided by BRHPC.

**Case Management Services:**

A case manager is assigned to each HSP client. Case Management is provided by BRHPC in accordance with the guidelines of the HSP program and best practice models for housing assistance.
• Case Management services consist of individualized service to:
  o Identify and address barriers to maintaining stable housing.
  o Jointly develop a Plan of Action to return or maintain the family to financial and housing
    stability by addressing the identified barriers.
  o Implement their Plan of Action by meeting vocational, educational, and social service
    goals (including linkages with community support and services to improve skills and
    access employment opportunities, e.g., WorkForce One and Vocational Rehabilitation).
• Referral to additional supportive services such as credit counseling and legal services whenever
  appropriate for the client.

Financial Assistance and Housing Stabilization Services
• Financial Assistance payments are made by BRHPC based on the pertinent information provided.
• Payments are made directly to the appropriate third party to whom it is owed. BRHPC confirms
  payment information provided in the lease or billing statement, as well as collecting and verifying
  the tax documentation with the relevant payees (e.g., landlords or utility companies). BRHPC
  then processes and issues payments on the client’s behalf based on the demonstrated need for
  housing assistance and valid Plan of Action.

Partners/ Collaborators
BRHPC serves as the lead entity in the administration of the HSP program with the following
partners: 2-1-1 Broward First Call for Help and Broward County’s Housing Options Program.

DEMONSTRATED SUCCESS AND LEADERSHIP

HSP significantly improves access to housing.
The HSP Program has significantly improved access to housing for low income individuals and
families in Broward County through the provision of rent assistance and Case Management to
prevent homelessness and/or provide rapid re-housing vouchers.

HSP prevents individuals and families from facing eviction and homelessness.
Through the collaboration among our partners, eligible clients facing possible eviction receive
referrals for legal guidance, dispute resolution and negotiation with landlords. Upon approval, clients
receive rent assistance and case management to prevent homelessness and/or provide rapid re-
housing vouchers.
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. Team members have direct contact with individuals, have knowledge of the needed services and are able to link them to services. 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.

# of Clients Served during FY 2013-2014
Forensic Re-Integration Program served 1,421 mentally ill offenders while providing linkages and support services, including public entitlements, assisted living housing placement, health and other support services; representation in mental health court and competency restoration training (CRT) and discharge planning in the jail and state forensic hospitals.

Strengthening Standards
The Forensic Re-Integration Team annually updates it policies, practices and curricula to incorporate Evidence-based Models and Best Practices, and provides necessary supervision and staff development and training. Current evidence-based models and best practices used include:

- National Judicial College Mental Competency Best Practices Model
- Comprehensive Continuous Integrated System of Care (CCIISC)
- Motivational Interviewing (MI)
- Wellness Recovery Action Plan (WRAP)
- Minkoff and Cline’s “Welcoming and Access”
- Screening, Brief Intervention and Referral to Treatment (SBIRT) Model

The Forensic Re-Integration Team utilizes the Minkoff/Cline Model (contract requirement) which promotes a system of care through integrated services. Members emphasize welcoming and enabling the clients to have access to services as they provide Competency Restoration Training for people with multiple issues and complex needs. They provide encouragement, referral and linkage to those seeking help and are sensitive to all their numerous needs. In addition, emphasis is placed on Motivational Interviewing.
**Partners/ Collaborators**

The BRHPC Forensic Re-Integration Team attributes its success to working closely with the following entities:

- Department of Children and Families
- Broward Behavioral Health Coalition
- State Forensic Hospitals-South Florida Evaluation Treatment Center (SFETC), South Florida State Hospital (SFSH) Treasure Coast, North Florida Evaluation Treatment Center (NFETC), North East Florida State Hospital (NEFSH), Florida State Hospital (FSH)
- Court & Jail System (Court Administration and Broward Sheriff's Office)
- Community Mental Health Centers (Archways, Agency for Persons with Disability, Broward County Elderly & Veterans Services, Henderson)
- Various programs and Residential Placement Providers (New Direction, Transitions, House of Hope, Alternate Family Care Providers, Assisted Living Facilities, Broward Partnership for the Homeless)
- Local Hospitals (Local Crisis Stabilization Units, North and South Broward Hospital Districts, Primary Health Care)

**DEMONSTRATED SUCCESS AND LEADERSHIP**

- The team has an improved database and is moving forward to become paperless.
- The team has exceeded its goal of assisting a minimum of 144 clients toward competency or otherwise removed from the system.
- The team has a 94% concurrence rating with the Court.
- The team has introduced a dual-purpose curriculum for competency restoration to motivate clients to change their lives by becoming self-sufficient, responsible citizens.
- The themes of responsibility, self-sufficiency, healthy living, family, becoming a better citizen are incorporated into all client contact including visits to the 5 state forensic hospitals and 4 Broward County jails. Some of these themes were enhanced by presentations from the following programs, Transforming our Community’s Health (TOUCH), Healthy Families, Spectrum (program providing mental health and substance services for adults and children with co-occurring disorders).
- Provided technical assistance to Community Mental Health Centers serving 916 (ITP) clients.
- Attended staffing on multi-disciplinary teams at local psychiatric hospitals on special cases.
- Provided representations on various boards and organizations (Elder Affairs, Consumer Advisory Committee, Housing Solutions).
- Provided Crisis Intervention Training (CIT) throughout Broward County to sworn law enforcement officers. Training covers a variety of topics on mental health, substance abuse and de-escalation techniques.
Outcomes

The following details the performance of the forensic re-integration team in the various areas of service.

State Hospitals

Clients Served at State Hospitals (Total = 167)

- Jail Discharge Planning
  - 308 clients were offered discharge planning services by the Inmate Discharge Planner.

- Referrals/Linkage
  - 357 clients referred from the Public Defender’s office and Forensic Hospitals were linked to case management services.

- Optional State Supplementation (OSS)
  - Assisted 300 clients residing in assisted living facilities in accessing their government entitlements for supplemental income.

- Felony Mental Health Courts
  - Court Liaisons assisted with approximately 1,777 cases.
**Competency Restoration Training**

*Competency Outcomes for July 2013-June 2014*

- **Competent:** 127
- **Non-restorable:** 23
- **Remains ITP:** 15
- **PD did not stipulate to finding of CTP:** 15
- **SAO did not stipulate to finding of NR:** 12
- **Pending evaluations:** 111

**Training Attendance for July 2013-June 2014**

- **Attended: (Present)**
  - 15,825 (87%)
- **Not Attended:**
  - 2,290 (13%)  
  - **Not Attended (Refused/No Call/No Show):** 2,290  
  - **Excludes excused absences and in custody:**

**Training and Attendance Information**

- **Trainings per 30 days:** 247
- **Attended (Present):** 15,825
- **Not Attended (Refused/No Call/No Show):** 2,290
  - *Excludes excused absences and in custody*
- **Attended Percentage:** 87%

**CRT Classes Offered Weekly Per Site (Total = 123)**

- **Jails (individual):** 80
- **DCF:** 17
- **BRHPC:** 19
- **New Beginnings:** 1
- **House of Hope:** 2
- **Order My Steps:** 2
- **Spectrum:** 1
- **Stepping Stones:** 1
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.

The Case Managers are also assigned to key points of entry for the homeless, so that a comprehensive screening and assessment can be completed for all Veterans at the assigned venue. Sites include the VA, homeless shelters, halfway houses, VFW, Parks and other designated sites. Due to significant issues with transportation, having the Case Manager onsite expedites the screening process and entry into the program.

Target Population

- Veterans who have a Department of Defense Form 214, Certificate of Release or Discharge (DD214)
- A Veteran who served in active duty and discharged or released under conditions other than dishonorable

Partners/Collaborators

The Broward County SSVF program, under the umbrella of Mission United has many partners who work collaboratively to ensure that the Veteran is provided with comprehensive services for successful outcomes that include, permanent housing, linkage to health care, employment and financial stability. Partners include, Urban League of Broward County, Broward Regional Health Planning Council | 2013-2014

<table>
<thead>
<tr>
<th>Funder/Program</th>
<th>Funding Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Way Broward County</td>
<td>Oct 1, 2013 - Sep 30, 2014</td>
</tr>
</tbody>
</table>

- Affordable and Supportive Housing
- Legal Services
- Health Care Access
- Case Management
- VA Benefits and Resource Acquisition
- Emergency and Financial Assistance
- Income and Support Services: Educational Vocational & Employment
Planning Council, Legal Aid, Coast to Coast-Legal Services, 211-Broward. All partners work very closely with the Veterans Administration, Broward County, Department of Elderly and Veterans Services, Broward Outreach Centers (BOC’s), Homeless Assistance Centers (HAC’s) and many other agencies to ensure a streamlined system of securing services for Veterans.

**Number of Clients Served**

Broward Regional Health Planning Council’s SSVF Program, has served 285 Veterans in the form of re-housing, prevention, and referrals to other sources for housing programs if the Veteran does not meet SSVF Program Criteria.

The SSVF Program is committed to housing homeless Veterans. Each client presents with varying circumstances to their current housing situation. Case Managers follow a Rapid-Re-housing paradigm and move swiftly to secure financial benefits, permanent housing, and work with the Veteran to continue to achieve the goals outlined in their housing plan.

### SSVF Breakdown of Numbers Served

- **Rapid Re-Housing**: 109
- **Homeless Prevention**: 150
- **Referred to Other Housing Program**: 26
CERTIFIED APPLICATION COUNSELORS

<table>
<thead>
<tr>
<th>Funder/Program</th>
<th>Funding Period</th>
</tr>
</thead>
</table>

- Enrollment Services into the Federal, Affordable Care Act, Health Insurance Program
- Technical Assistance with Qualified Health Plans (QHP) in the Market Place
- Referrals to other Federal Health Programs
- Education
- Outreach
- Presentations

Program Overview
Health Insurance Marketplaces, also known as Affordable Insurance Exchanges opened for enrollment October 2013 and ended March 31, 2014. The Marketplace used 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 certified application counselors, as a type 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 certified application counselor program.

This landmark moment in our Nation’s history, created opportunities for many Americans to enroll and apply for health insurance regardless of pre-existing health conditions. Due to the complexities of understanding health insurance, specific to the federally approved plans in the Market Place, many Federal and Local agencies provided funding to local communities, to hire certified application counselors and health care navigators.

Broward Regional Health Planning Council was very pleased to receive a grant from Community Catalyst, a grass roots organization whose mission is to empower individuals to take control of their health. Community Catalyst partnered with Robert Wood Johnson to create grant awards to agencies for the implementation of a certified application counselor program.

The main goal of the Broward CAC Partnership was 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 Certified Application Counselor (CAC). Customers were provided assistance with enrolling into the Market Place and guidance in navigating Health Insurance Plan options.

Target Population
The CAC program was 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.
**Partners/Collaborators:**
BRHPC created a network of partners that were sub-contracted to provide education and enrollment services in multi-languages throughout Broward County. Agency partnerships included; Hispanic Unity of Florida, Community Access Center, Impact Broward, Urban League of Broward County and 211-Broward. This partnership created over 12 points of entry throughout Broward County, where an individual could enroll into a Federal Qualified Health Plan (QHP). CAC’s completed enrollments as far south as Hollywood, to the north end of the County, and near Deerfield Beach. BRHPC’s partners’ CAC’s were located in County Libraries, Family Success Centers, Memorial Hospital, health fairs and their own agencies.

Initial glitches in the Federal Application system did not deter partners from completing enrollments. Applications were completed over the phone, and by paper application. Services throughout the enrollment period continued on the weekends, providing nearly seven-day enrollment services.

**Number of Clients Served**
The Broward Partnership reached out and served 1,724 individuals. Of these, 588 persons chose and enrolled into a QHP. Customers who registered but did not choose a plan at time of registration, requested to take their time to review their options and completed enrollment into a health plan at a later date.
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. Services include:

- Medical Facilities Utilization Reporting System
- Florida Health Data Warehouse
- Diagnosis Related Group Data Warehouse
- Business Intelligence (Bi) System
- Certificate Of Need
- Health Needs Assessments
- Point-In-Time Homeless Count
- Committee Facilitation
- HIV Planning Council
**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. *Hospital and Nursing Home Utilization Reporting* is required by state statute and is delivered to the Agency for Healthcare Administration on a quarterly basis.

1. Hospital Utilization

The Hospital Utilization database is an information and decision support tool for healthcare providers and planners. Data Management personnel can enter hospital or nursing home utilization data into the system.

The user is able to quickly run customized reports on hospital utilization by bed type as well as other hospital based services such as surgery, ancillary procedures and emergency department visits. These reports can be exported into Excel or PDF formats.

*Comparison Reports* among hospitals within a community are also available.

2. Nursing Home Utilization

The Nursing Home Utilization database tracks admissions and patient days by payer source.

---

**Nursing Home Utilization**

Jan:2011 to Dec:2011 / Totals For the Year Report *(More)*

<table>
<thead>
<tr>
<th>Licensed Beds</th>
<th>Admissions</th>
<th>Patient Days</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Beds</td>
<td>% OCCP</td>
<td>ADC TOTAL PVT</td>
</tr>
</tbody>
</table>

---
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.

The Health Data Warehouse includes the following six modules:

1. **Prevention Quality Indicators (PQI)** utilizes the Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQI) to identify hospital admissions that evidence suggests could have been avoided if people are linked to quality, preventative services and primary care centers. The PQI’s represent fourteen ambulatory care sensitive conditions: diabetes short-term complications, perforated appendicitis, diabetes, long-term complications, chronic obstructive pulmonary disease, hypertension, congestive heart failure, low birth weight, dehydration, bacterial pneumonia, urinary infections, angina without procedure, uncontrolled diabetes, adult asthma, and lower extremity amputations among patients with diabetes.

2. **The Pediatric Prevention Quality (PDI)** data provides a public access web module identifying pediatric hospital inpatient admissions that may have been preventable with the utilization of high quality primary and preventive care. The module allows users to query these admissions by demographic and geographic variables as well as by hospital. It helps to evaluate preventive care for children in an outpatient setting and includes five area-level inpatient admission rate indicators: Asthma, Diabetes Short-Term Complication, Gastroenteritis, Perforated Appendix and Urinary Tract Infection.
3. **The Chronic Condition Indicator** tool, developed as part of the Healthcare Cost and Utilization Project, stratifies chronic diseases based on International Classification of Diseases (ICD-9CM) diagnosis codes for: AIDS, Asthma, Congestive Heart Failure (CHF), Hypertension and Diabetes. A chronic condition is one lasting 12 months or longer and meeting one or both of the following tests: (a) the condition places limitations on self-care, independent living and social interactions; (b) the condition results in the need for ongoing intervention with medical products, services and special equipment.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Nominator</th>
<th>Denominator</th>
</tr>
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<tbody>
<tr>
<td>Diabetes</td>
<td>43209</td>
<td>2,337,430,792</td>
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<tr>
<td>Asthma</td>
<td>12176</td>
<td>498,054,238</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>10090</td>
<td>1,452,868,610</td>
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<tr>
<td>Hypertension</td>
<td>69140</td>
<td>3,255,992,748</td>
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<tr>
<td>AIDS</td>
<td>2486</td>
<td>137,022,132</td>
</tr>
<tr>
<td>Suicide</td>
<td>2295</td>
<td>75,721,413</td>
</tr>
<tr>
<td>TOTAL</td>
<td>17455</td>
<td>2,766,295,916</td>
</tr>
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</table>

4. **The Self-Inflicted Injury Incidence** tool includes suicide and self-inflicted injury incidence data by E-code or “external cause of injury” codes which are diagnostic categories, using the ICD-9CM. The cases have been pulled from the AHCA Inpatient database and are pulled when they contain any of the E-codes related to suicide or self-inflicted injury for any of the E-code fields.

5. **Ambulatory ED Acuity/Severity Level Stratification**. Ambulatory ED visits were aggregated by Current Procedural Terminology (CPT) Evaluation and Management codes delineating the relative severity of the condition upon arrival at the ED. The system queries Agency for Health Care Administration (AHCA) Emergency Department Data records and stratifies data by the Current Procedural Terminology (CPT) codes that define patient acuity (99281-99285).

6. **The New York University (NYU) Algorithm Emergency Department Preventable/Avoidable Admissions** is an algorithm developed by New York University to examine avoidable emergency department admissions. This algorithm was developed with the advice of a panel of ED and primary care physicians, and it is based on an examination of a sample of almost 6,000 full ED records. The methodology used in this analysis is as follows: the unit of analysis is the county resident ED visit not resulting in a hospital inpatient admission. ED visits for an individual whose place of residence was not identical to the county hospital or was unknown were excluded.

Through the Health Data Warehouse, a variety of reports can be generated, including by district, county, zip code, gender, age group, race/ethnicity and payer source. The information contained in this engine can be a valuable community planning tool which BRHPC encourages organizations to utilize.
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.

Some of the Medical Services reported include Cardio-Vascular Surgery, Cardiology, HIV Medicine, General Neurology, Obstetrics, Urology, Vascular Surgery, and more.

The reports provide data on discharges, average Length of Stay, Charges ($), Average Charge ($), by Age Range, Payer Sources, Gender, Admission Sources, and more.

<table>
<thead>
<tr>
<th>Medical Service</th>
<th>Discharges</th>
<th>Discharges (%)</th>
<th>Avg. LOS</th>
<th>Charges ($)</th>
<th>Charges (%)</th>
<th>Avg. Charge ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>24,353</td>
<td>0.06200</td>
<td>3.5</td>
<td>817,159,223</td>
<td>07.7400</td>
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<tr>
<td>Cardio-Vascular Surgery</td>
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<td>00.09700</td>
<td>9.6</td>
<td>475,432,835</td>
<td>04.5500</td>
<td>194,054</td>
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<tr>
<td>Delivery</td>
<td>22,448</td>
<td>08.8700</td>
<td>2.9</td>
<td>360,546,557</td>
<td>03.4100</td>
<td>16,061</td>
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<tr>
<td>Dermatology</td>
<td>6,215</td>
<td>02.4500</td>
<td>4.0</td>
<td>171,174,253</td>
<td>01.6200</td>
<td>27,542</td>
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<tr>
<td>Drug &amp; Alcohol Dependency</td>
<td>4,227</td>
<td>01.6800</td>
<td>6.2</td>
<td>59,855,750</td>
<td>00.5700</td>
<td>14,061</td>
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<tr>
<td>Endocrine, Metabolic Disorders</td>
<td>6,191</td>
<td>02.4500</td>
<td>3.6</td>
<td>173,576,848</td>
<td>01.6400</td>
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<td>Eye/Oral Maxillary</td>
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<td>01.1000</td>
<td>2.7</td>
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<td>Gastroenterology</td>
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<td>8.4</td>
<td>95,142,969</td>
<td>00.8900</td>
<td>77,101</td>
</tr>
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</table>
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 the 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.

**Business Intelligence Components:**

- Data Extraction, Transformation and Loading (ETL)
- Multidimensional Data Warehouse
- Making use of the data:
  - Dashboards
  - Analytical Reports
  - Data Cubes
  - Data Mining

The analytical tools used in this project provided access to the information and knowledge generated by the BI system as a whole. These tools are generally what end-users interact with as part of the BI system. The dashboard tool is one of the major tools of BI systems. It consists of screens that show sets of data analysis widgets. The figure below shows a high-level summary dashboard of the BRHPC BI System.

The main screen of the BI portal displays a high-level summary of all analytics in the system. Seven analytical graphs and one analytical map are part of the main screen of the portal. The analytical
graphs are interactive and allow the end-user to analyze the information beyond the layout that was developed by default. For example, when end-users are interested in viewing the details of a year in the “Total Hospital Admissions” graph, they only need to click on the year and the portal will show the admission data by month. The graph can also be enlarged to a full screen size when the title is clicked. To analyze the data of the graph by the available dimensions, the end-user can right-click on the data bar of interest and then select the option “Decomposition Tree”. This tool enables the end-user to drilldown through the data easily, as shown in the figure below.

Although the BI system has just been released to the BRHPC environment, it has already yielded a number of outcomes. End-users can configure certain reports to be emailed to them based on a schedule or based on certain changes in the data. The system also has shortened the time to analyze the data, or transform it to information, and have it ready to be considered for decision making processes. BRHPC and hospital planners are now able to get the data transformed to information on demand whenever they display one of the BI portal dashboards. They even have the ability to tune the information to further fit the situation on hand.

In addition to the immediate outcomes, there are a number of anticipated outcomes to BRHPC specifically, and Broward County in general. The advanced data analysis capabilities of the system are expected to improve the coordination and distribution of health care resources in Broward County. The quality of health services is also expected to be enhanced, as the system provides the ability to automate tracking issues in the delivery of health care services and report them to the relevant personnel. The system is also expected to enhance health care planning in Broward County, as data mining component of the system has a number of prediction models that can assist in the planning process.
**Program Overview**

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](http://www.brhpc.org).*

*Partners/ Collaborators*

BRHPC collaborates with all healthcare facilities planning to establish or expand their services in Broward County.

**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.

*Community Health Needs Assessments*

As part of the new IRS regulations, hospital organizations are required to conduct a community health needs assessment, which serves as a guiding document for strategic planning. Through the process of developing a Community Health Needs Assessment, a hospital positions itself to address local health needs that are not being met. This past fiscal year, BRHPC contracted with Holy Cross Hospital and with Boca Raton Regional Hospital in Palm Beach County, in collaboration with the Health Council of Southeast Florida, to gather data and compile their Community Health Needs Assessments. To complete the assessment, each hospital convened a Community Advisory Council to guide the process, review the data, identify unmet needs/service gaps, and prioritize needs. BRHPC presented the findings in final reports.
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 assist 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 2014 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. Participants in these committees included stakeholders and providers throughout the community, such as, Broward County Sheriff’s Office, 2-1-1 Broward, and local shelter staff members.

This year’s homeless count was unique in that for the first time the count was merged with the 100,000 Homes Registry Week initiative. 100,000 Homes is a movement that aimed to house 100,000 vulnerable and chronically homeless people across the country by July 2014. In order to efficiently and effectively use resources, both the count and Registry Week were conducted from January 21-23, 2014. Because the 100,000 Homes Registry Week occurs over 3 days, all 3 days were used to gather information for the PIT count. By asking participants where they woke up on January 21st (the first day of counting), data was only captured for one point in time. In addition to the state-required PIT survey, the 100,000 Homes Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) was utilized. The VI-SPDAT is a data collection instrument that helps determine the chronicity and medical vulnerability of homeless individuals and also acts as an intake and case management tool.

Community volunteers canvassed the streets of Broward County in teams to administer surveys to homeless individuals living outdoors, in vehicles, in makeshift structures or encampments, and in other structures or areas not intended for human habitation. For the count of sheltered homeless persons, staff of emergency shelters, drop-in centers, transitional housing programs, mental health facilities, treatment centers, and the county jail, counted the number of homeless sheltered at their facility on the night of the count. From 2013 to 2014 the total number of persons experiencing homelessness in Broward County dropped by 2.9 percent, from 2,810 to 2,766. While the number of unsheltered persons increased from 829 to 879, the number of sheltered individuals decreased from 1,981 to 1,887. An additional 289 people were counted as “at-risk” of homelessness, which is generally defined as an individual or family seeking permanent housing but who stayed the previous night at an institution; a hotel paid by self; a jail, prison or detention center; a family or friend’s house (also known as “doubled up”); or were facing imminent eviction; or in foster care.
COMMITTEE FACILITATION

Health Care Access Committee
BRHPC acts as facilitator to 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, BHPI 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, and others.
HIV PLANNING COUNCIL

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**Program Overview**

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 following: Ryan White Part A HIV Planning Council (HIVPC), Needs Assessment, Comprehensive Planning, 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, the Housing Opportunities for Persons With AIDS (HOPWA) Program and Grantees for Ryan White Parts B, C, D, 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 Broward County HIV Health Services Planning Council and its six standing committees: Executive, Client/Community Relations, Planning, Priority Setting & Resource Allocation, Membership/Council Development and Quality Management. BRHPC also provides professional support for the Council’s limited committees, such as ad-Hoc By-Laws, ad-Hoc Nominations, and Local Pharmacy Advisory Committee. The HIV Planning Council was created to plan how best to use the federal funding for quality care and treatment for PLWHA in Broward County.

BRHPC provides professional and clerical support to the Ryan White Part A Core Medical and Support Services CQM Program. BRHPC conducts Quality Improvement (QI) Trainings within this program to PLWHA and Ryan White Part A Providers. The QI trainings are ongoing and provide education on quality assurance and improvement principles as well as service category specific knowledge and skills. The knowledge gained provides PLWHA and providers with an advantage when offering input for the Ryan White Part A CQM Program. In addition, CQM Support Staff coordinates the following five QI Networks of Ryan White Part A providers: Medical Care, Oral Health Care, Medical Case Management, Mental Health/Substance Abuse, and a Combined Network, which includes providers from Legal Services, Food Bank, Outreach, CIED, Pharmacy, and HOPWA.

**Target Population**

The target populations are funders and providers of HIV/AIDS-related services, people living with HIV/AIDS (including Ryan White Part A consumers) and other individuals affected by the HIV/AIDS epidemic in Broward County.
**Partners/Collaborators**

**Funders**
- Health Resources Services Administration (HRSA)
- Human Services Division of Broward County

**Ryan White Part A Service Providers**
- AIDS Healthcare Foundation
- Broward Community & Family Health Center
- Broward County Health Department
- Broward Health
- Broward House
- Broward Regional Health Planning Council
- Care Resource
- Children’s Diagnostic and Treatment Center
- Legal Aid Service of Broward County
- Memorial Healthcare System
- Nova Southeastern University
- Poverello Center

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**DEMONSTRATED SUCCESS AND LEADERSHIP**

**Ryan White Part A Supplemental Grant Application Award**
The HIV Planning Division collaborated with the Ryan White Part A Grantee to submit the FY 2014-15 Program Grant Application in October 2013, and will submit the 2015-16 application later this year. A final Notice of Grant Award (NGA) for FY 2014-15 for the Part A Program was received in early June 2014. The Broward County Emerging Metropolitan Area (EMA) was awarded $16.1 million, a $1.1 million increase over FY 2013. This increase allows for greater funding of service categories with high utilization.

**2013 Ryan White Part A Client Needs Assessment Survey**
BRHPC coordinated the 2013 Ryan White Part A Client Needs Assessment Survey activities. The 2013 HIV Client Needs Assessment Survey was completed and translated into three commonly spoken languages: English, Spanish, and Creole. The Client Survey allowed the EMA to identify: 1) the needs of People Living with HIV/AIDS (PLWHA) in Broward County, 2) service gaps, and 3) barriers to access to care. Data collection occurred between January and February 2014. A total of 730 surveys were collected, entered, and analyzed through the SurveyGizmo online system. Survey results were presented to various committees, including Priority Setting & Resource Allocation and Quality Management. Data collected during the Needs Assessment process was utilized extensively during the Ryan White Part A Priority Setting and Resource Allocation process.
Service Category Scorecards
The HIV Planning Division develops and maintains "scorecards" that track historical data on HIV/AIDS spending, utilization, demographics, quality management, funding from other sources, and needs assessment results for each Ryan White Part A funded service category in the area. The scorecards are updated annually and distributed to the Priority Setting & Resource Allocation Committee to assist in the Priority Setting and Resource Allocation process. For 2013-14, the HIV Planning Division in conjunction with the Part A Grantee revamped the scorecards with extensive data to reflect the potential impact of the Affordable Care Act (ACA) on Ryan White Part A Clients and Services. The newly collected data allows better planning for those services that would be needed in the coming year as the ACA is implemented.

Community Events
The HIV Planning Division coordinated several community events aimed at involving Broward County residents living with HIV/AIDS in the HIV planning process. In September 2013, staff, the Grantee, and the Client/Community Relations Committee (CCRC) held a Resource Fair at the African American Research Library in Fort Lauderdale. The Resource Fair highlighted information about various local social services and included representation from all Part A service providers. The event was well attended and well received. In December 2013, staff and CCRC held a World AIDS Day event and community forum at Hagen Park in Wilton Manors, FL. Duane Cramer, renowned photographer and HIV activist, was the keynote speaker for the event. Two Reauthorization Community Forums were held in December 2013 to discuss the arguments for and against reauthorization of the Ryan White CARE Act. Marsha Martin of the Urban Coalition for HIV/AIDS Prevention Services and Bill McColl, the Director of Political Affairs for AIDS United, served as keynote speakers for the forums.

System-Wide Coordination
The HIV Planning Division organized several training sessions for case managers and peer educators in 2013. The trainings are a collaborative effort between the Part A Grantee, the HIV Planning Division, and HOPWA Program Grantees/Administrators. Training topics included a history of HIV/AIDS, developments in HIV medical care, achieving the goals of the National HIV/AIDS Strategy (NHAS), and information on the Affordable Care Act Marketplace in preparation for open enrollment. The trainings were well-attended and served to develop and strengthen collaborative efforts among providers within the service system. Additionally, a data-sharing agreement between Part A and...
HOPWA was strengthened, allowing both programs to improve coordination of care by shared access to the Provide Enterprise (PE) client database. The Part A Grantee is also in discussion with the Part B Grantee to develop a data sharing agreement, and expanded the discussion to include data on client viral load, a key measure to help control HIV transmission. Progress is being reported to the HIVPC and Committees. Additionally, representatives of other funding sources actively participate in the HIVPC and its Committees by providing detailed utilization, cost, demographic, and epidemiological data for consideration. These collaborations are expected to reduce duplication of services among providers and enhance service delivery to PLWHA in the Fort Lauderdale/Broward County EMA.

Quality Improvement Initiatives

In+Care Campaign: The HIV Division and Part A Grantee joined the National Quality Center (NQC) In+Care Campaign at its inception in 2011. The Campaign is sponsored by the HRSA HIV/AIDS Bureau (HAB) and focuses on retaining clients in HIV care and preventing clients from falling out of care. Retention in care has been identified as a critical challenge for HIV providers nationally and aligns with local and regional HIV policies as well as the NHAS. The EMA has successfully been reporting on four uniform campaign-related measures via an online database. Improvement in the scores has been noted and several data integrity issues have been resolved. Participation in the campaign has allowed the QI networks to identify specific areas for improvement by analyzing the campaign’s measures through client-level data. The EMA was asked to present on its QI projects on both regional and national webinars.

“I Scream, You Scream, We All Scream for Ice Scream” Health Literacy Project: The Combined QI Network piloted a Health Literacy QIP activity entitled: “I Scream, You Scream, We All Scream for Ice Cream” at their respective agencies. Providers expressed great enthusiasm for the activity and noted that the ice cream tool is a validated tool that focuses on both health literacy and health numeracy.

The 2012-2015 Broward County EMA Comprehensive Plan

The HIV Planning Division and the Part A Grantee previously worked with Planning Council leadership to develop the countywide 2012-2015 Comprehensive Plan. The plan spells out the challenges in HIV/AIDS faced by the county and how the community intends to address them over the next three years. The Plan’s goals are aligned with the National HIV/AIDS Strategy (NHAS) goals: Reduce the number of people infected with HIV, Increase access to care and improve health outcomes for people living with HIV and AIDS, and Reduce HIV-related health disparities. The Plan also considers the already implemented Early Identification of Individuals with HIV/AIDS (EIHA) Strategy, Healthy People 2020 objectives, the implications of the Affordable Care Act on the Ryan White service delivery system, and HIVPC committee responsibilities. Emily Gantz-McKay was hired as a consultant to complete a review of the Comprehensive Plan at its halfway point. Ms. Gantz-McKay developed a report outlining recommendations for the HIVPC and its committees as well as a master chart of activities that are to be undertaken by Part A and the local Prevention program. The recommendations will be worked into the new HIVPC committee 18-month work plans.
BRHPC is excited to launch the second year of our HIV Prevention program funded by the Community Foundation of Broward and the United Way of Broward. This initiative will align with the White House Continuum of Care Initiative and the National HIV and AIDS Strategy.

Since the first cases of HIV 30 years ago, the capability of HIV testing has changed with the development of 4th generation HIV testing technologies. The development of new testing technologies has resulted in better detection of HIV infection and enabled newly diagnosed persons to enter into care and receive treatment in a timely manner. The coupling of HIV testing and treatment is known as the “Test and Treat” approach. This approach strengthens current High Impact prevention efforts and aligns with the National HIV/AIDS Strategy. BRHPC will collaborate with the Florida Department of Health in Broward County HIV Prevention Program to strengthen High Impact HIV Prevention targeting the following objectives:

- Educate primary health care providers on the latest information on HIV testing technologies, routinizing testing, and appropriate care and treatment protocols.
- Develop physician and provider tool kits and resources to access specialty care.
- Enhance provider education and outreach, giving the tools necessary to educate staff on perinatal HIV legislation and prevention practices.
- Increase capacity to implement routine testing.
- Increase knowledge on Treatment as Prevention (TaP).

BRHPC will also collaborate with the Broward County Public Schools Office of Diversity, Cultural Outreach & Prevention to implement FLASH comprehensive sex education in Broward County Public Schools.
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
- Broward County Health Benchmarks
- Broward County Health Profile
- Broward County Trauma Management
- Staff Development Volunteerism & Internships
- Public Health/Public Policy
- Human Services/Social Work/Administration
- Transforming Our Community’s Health: TOUCH
- Electronic Fingerprinting for Level II Background Screening
- Financial Services
- Information Technology Innovation
- Human Resources Support
- Legal Oversight
- Fiscal Viability
- BRHPC Partners
- Certificate of Need
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.

The economic environment of the past year has seen reduced funding and increased demand for social service programs. As a result, many Broward County social service programs and agencies are faced with the difficult decision of how to serve more people with less money. It is in times like these that it is immensely important to utilize data to plan services to ensure limited funds are utilized effectively and efficiently.

To assist community programs and agencies with health and community planning, Broward Regional Health Planning Council, in collaboration with the Healthcare Services Planning Committee, develops and updates quarterly the Broward County Health Plan. The Health Plan provides a comprehensive description of the Broward County community, healthcare system and various factors influencing health and healthcare access. The purpose of the plan is to:

- Inform and educate the community about health issues
- Identify community interventions
- Promote and encourage healthy behaviors
- Assure health services accessibility and quality
- Monitor the health status of the community and identify emerging issues
- Develop polices and plans to address emerging issues
- Mobilize community partnerships to address issues

The Health Plan is a dynamic document, continually updated, to ensure availability of the most current information. It covers a vast spectrum of topics, from labor force statistics to immunization rates, reflecting the broad scope of issues affecting public health as well as highlighting the correlation between socioeconomics and community health. When faced with limited resources, it is important to consider the relationships between seemingly unrelated factors, such as labor force statistics and immunization rates. Identifying linkages can result in more efficient and effective utilization of funding and resources.
The Health Plan is divided into eight chapters to address the multifaceted healthcare system in Broward:

- **CHAPTER I: REGIONAL PROFILE** provides demographic and socioeconomic indicators influencing health status and impacting availability of health resources that contribute to increasing utilization rates and decreasing availability of healthcare financing.

- **CHAPTER II: HEALTH STATUS** outlines community health status through a variety of health indicators. The Chapter considers five broad health categories: Maternal and Child Health, Behavioral Health, Oral Health, School Health and Morbidity and Mortality.

- **CHAPTER III: HEALTH RESOURCES** provides an overview of health resources currently available in Broward County.

- **CHAPTER IV: HEALTHCARE UTILIZATION** provides healthcare utilization data. Broward County’s diversity as well as the seasonal fluctuations in population can influence utilization.

- **CHAPTER V: HEALTHCARE FINANCING** discusses the increasingly complex topic of healthcare financing. It outlines numerous sources of healthcare financing in Broward and provides a brief description of healthcare funding.

- **CHAPTER VI: SURVEYING AND BENCHMARKS** provides an overview of the local Quality of Life Survey health section and additional local mechanisms for identifying and tracking health issues and priority areas, including the Broward Health Benchmarks and the Community Survey.

- **CHAPTER VII: THE HEALTH DATA WAREHOUSE** outlines the Health Data Warehouse. BRHPC developed a web-based data warehouse and analytical engine with the following query module functions: 1) Prevention Quality Indicators/Avoidable Admission, 2) Inpatient Chronic Conditions (ICD-9), 3) Suicide Incidence, 4) ED Acuity Stratification (CPT) and 5) NYU Algorithm ED Preventable/Avoidable. This Chapter explains these systems and illustrates the data produced by the Health Data Warehouse.

- **CHAPTER VIII: GAPS ANALYSIS** provides a brief description of the analysis requested by the Coordinating Council of Broward (CCB) in 2009 to determine the potential impact of implementing a common eligibility program for publicly funded social services in Broward County and the surrounding metropolitan area. The analysis was based on four programs: 1) Earned Income Tax Credit (EITC), 2) Nutritional/Food Stamps Program, 3) Women, Infants and Children (WIC), and 4) Health Insurance.
A set of fact sheets were developed to complement the Health Plan chapters. These fact sheets provide a quick two-page summary of a specific topic. They are useful tools for community members who need a quick reference tool for a narrow topic. Currently, there are eight fact sheets that cover the following topics for all of Broward County (HIV/AIDS, Sexually Transmitted Infections, the Economy, Healthcare Resources, Healthcare Access, Broward County Gaps Analysis and Broward County Quick Facts); and five fact sheets that emphasize local zip code areas.

**Target Population**
The information is targeted to community members as well as 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

**Partners/ Collaborators**
The Healthcare Services Planning Committee is comprised of community agencies, hospitals, and stakeholders. It convenes on a quarterly basis and provides input and guidance on the content and format of the Health Plan.
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).

The Health Benchmarks assist with program planning and development through identification of community needs, based on the review of several data sources, including the PRC Quality of Life Survey, Florida CHARTS, Youth Risk Behavior Surveillance System (YRBSS) and Primary Care Services Patient Satisfaction Survey results from Memorial Healthcare System, Broward Health and Broward County Government. The Health Benchmarks cover an array of health topics, including HIV/AIDS, alcohol and drug use, pregnancy rates, birth outcomes, access to health care, death rates, communicable disease and many more. The Benchmarks are updated annually and are available on BRHPC’s website (www.brhpc.org).

Target Population
The information is targeted to community members as well as 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

Partners/ Collaborators
- Coordinating Council of Broward
- Healthcare Access Committee
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).

Target Population
The information is targeted to community members as well as 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 Regional Health Planning Council, Inc. in partnership with the Broward County Trauma Management Agency, a section of the 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. As noted in the report, the Agency is also responsible for Injury Prevention and Outreach Programs, including support for the “Take 5 to Stay Alive Don’t Text & Drive” campaign.

The Trauma Agency in coordination with the Emergency Medical Services Council is also responsible for Pre-Hospital and Hospital Compliance through monthly trauma quality review meetings, development and implementation of County-wide protocols such as the new Stroke Protocols and Hospital Transfer Policies. Additionally, the Trauma Management Agency is responsible for the ongoing research of innovations in trauma services to ensure that the most effective and efficient continuum of medical care is available to the residents and visitors in Broward County.
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.

**Staff Training**

The following trainings are provided to employees:

- Healthy Families Broward’s Trainer and Nurse Family Partnership Supervisor conduct trainings for staff on various topics, which include Shaken Baby, Home Safety, Needs & Strengths, and the Edinburgh Postpartum Depression Scale training.
- Department of Children and Families Security and Service Delivery for the Deaf or Hard-of-Hearing
- HIPAA Trainings are provided to ensure client confidentiality.
- Cultural Competency Trainings designed to help BRHPC staff cultivate an open attitude that allows them to explore their own culture as well as the culture of the families/clients served through our programs. The objectives of the Cultural Competency Training are to:
  - Identify personal values that may hinder relationships with families/clients served.
  - Explain the importance of respecting a family’s/client’s cultural values.
  - Describe the importance of avoiding stereotyping families/clients.
  - Identify areas to find out about when working with a culture other than your own.

**Public Health Workforce Development Series**

This past year, BRHPC partnered with the Master of Public Health Program of the College of Osteopathic Medicine at Nova Southeastern University to implement the Public Health Workforce Development Series. The goal of the series is to build the capacity of the public health workforce of Broward County through continuing education and training. Specifically, participants in the series are provided skills-based training through tutorials, educational seminars, and problem-based workshops. Topics include grant writing, conflict resolution, data mining, governmental advocacy, social marketing, strategic planning, statistical analysis software, and computer proficiency training in hardware and software.

**Volunteerism and Internships**

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. Examples of volunteer and internship opportunities are listed below:
**Healthy Families Broward System Evaluation and Recommendation**

The main function of this internship is to evaluate the overall efficiency of the Healthy Families Broward Programs and administer a standardized Healthy Families Florida survey to approximately 100 employees. Review the cultural, organizational and program service competencies. The students distribute hard-copy surveys, compile the completed surveys, analyze the data from the survey and present a report that addresses quality improvement of the programs. The students visit different sites (6 sites at BRHPC and 3 satellite sites in Broward County.)

**Healthy Families Broward Community Needs Assessment by Zip Code**

The main function of this internship is to assess the needs of Healthy Families Broward services such as parenting education, child abuse prevention program, home visitation services in the Coral Springs area. The student gather and compare data from area hospitals, web-based information from the health department and available survey and screening data reviews specified by zip codes.

**Finance and Contract Management Internship**

The main function of this internship is to review and evaluate contracts and create facesheets that would include the length of the contract, due dates, contacts and deliverables. Utilization reports will be updated based on the contract. The students receive a detailed instruction by the preceptor during the initial meeting. The students use the contract to code the agency budget to plan the budget for the organization. The preceptor will guide the student to understand and apply the diversity of funding sources, contracts and budgeting for the organization. Overall, the student will contribute to budget planning and management.

**Broward County Health Plan Internship**

The main function of this internship is to identify health care resources in Broward County to describe the functions, services and tools of health care programs in Broward County and update fact sheets. A student will contact health care providers to conduct interviews/site visits in order to update service information. Skills/abilities required include computer-based data gathering, interviewing, and report writing.

**Broward County Health Profile Internship**

The main function of this internship is to gather information on Broward County health, demographics, socioeconomic status, causes of death, infectious diseases, healthcare utilization, and healthcare access through available web-based data from various sources. The student will work on a computer to generate consolidated reports based on data sets.

**Forensic Re-Integration Internship**

The main function of this internship is to provide psychology and public health administration students with the opportunity to meet with clients who are diagnosed with a mental illness or a co-occurring disorder and are forensically involved. In some cases, they facilitate training sessions. In other cases, they provide brief solution-focused, cognitive-behavioral counseling to clients who are experiencing personal problems. Public health students are exposed to some of the administrative functions that are involved in maintaining the competency restoration training process.
**Summer Internship Program**

Every summer, BRHPC hosts a number of high school/college students for its Summer Internship Program. The main function of this internship 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 so that they are exposed to the decision-making process through various committees.

**Partners/ Collaborators**

- Nova Southeastern University
- Florida Atlantic University
- Florida International University
- University of Miami
- Broward College
- Association for the Advancement of Retired Persons (AARP)
- HandsOn Broward

“I have enjoyed the experience and learned a great deal about what it means to have a real job.”

“BRHPC has provided me with meaningful lessons and experiences in the workplace.”
TRANSFORMING OUR COMMUNITY’S HEALTH: TOUCH

The third year of the Center for Disease Control and Prevention Community Transformation Grant awarded to Broward Regional Health Planning Council, TOUCH: Transforming Our Community’s Health, was bittersweet. In January 2014, BRHPC was informed that the Federal budget for the CDC did not include the Community Transformation Grant program. Although this was a great disappointment to all involved in the TOUCH initiative, it also provided a greater impetus for BRHPC and the TOUCH partners to demonstrate their many successes and to develop strategic partnerships to ensure the sustainability of the work that has been accomplished.

TOUCH and our partners are immensely proud of the impact that has been realized in the past three years to improve the health and wellbeing of those who live, work, learn, play and retire in Broward County.

YEAR 3 HIGHLIGHTS

TOBACCO FREE LIVING

TOUCH Partner the American Lung Association in Florida (ALA in FL) led efforts to increase the number of smoke-free multi-unit housing complexes, smoke-free parks and smoke-free college campuses.

Smoke-free Multi Unit Housing:

With the help and guidance of the American Lung Association in Florida and the Florida Department of Health in Broward County, Catholic Housing Management (CHM), an affordable housing provider for over 2,000 low-income elderly seniors, was the first to adopt a smoke-free policy that encompasses all of its 15 communities in South Florida.

The ALA in Florida was able to address issues related to indoor smoking in its housing units including fires, higher unit rehabilitation costs, and of course, resident complaints and health concerns. Additionally, working with the Area Health Education Center housed at Nova Southeastern University, residents and employees were able to receive information and support to quit smoking and embrace a healthier lifestyle.
The ALA in Florida, in collaboration with TOUCH and other organizations, has also published an educational video documenting CHM's experience in implementing their smoke-free policy, as well as providing information regarding the risks of indoor smoking and secondhand smoke in multi-unit housing and the benefits of smoke-free policies. You can view the video here: [http://bit.ly/sfmuhs-video](http://bit.ly/sfmuhs-video)

**Smoke-free Parks:**

Throughout the year representatives from ALA in Florida provided information and educational materials on the impact of second-hand smoke on young children. As a result of their efforts many Broward County cities embraced new signage to discourage people from smoking in city parks and children's playgrounds.

These signs, some of which read: “Young Lungs At Play – No Smoking” were funded and authorized for display in parks throughout the cities of Sunrise, Pompano Beach, Lighthouse Point, Lauderhill, Oakland Park and Wilton Manors.

**Smoke-free College Campuses:**

ALA has continued to facilitate meetings with administrative staff and key personnel at various Broward County colleges and universities to discuss the issues of secondhand smoke and smoke-free policies. Additionally, ALA in Florida, in cooperation with TOUCH staff, has developed a Resource Manual for College Administrators outlining strategies to utilize as well as samples of surveys and resolutions to assist in developing a smoke-free campus.
ACTIVE LIVING AND HEALTHY EATING

There are more than fifteen TOUCH partners working on this Strategic Direction to improve opportunities for physical activity and access to healthy foods for residents of Broward County. Much has been accomplished by these partners, from creating “Baby Friendly” hospitals where breastfeeding initiation is supported, to developing Joint Usage Agreements, to encouraging physical activities such as active play, biking and gardening on County and city owned properties. The following provides some of the highlights of this year’s work.

Early Childcare Facilities Now Have Standards in Healthful Nutrition and Physical Activity for Broward County’s Youngest Residents:

An overweight child stands a greater chance of becoming an obese adult, resulting in more elevated risks of developing chronic diseases such as Type 2 Diabetes, Cardiovascular Disease and some cancers. TOUCH and our Early Childhood Education Partners recognized the importance of addressing this challenge as early in a child’s life as possible.

With the assistance of the TOUCH Early Childhood Education Partners including Early Learning Coalition of Broward County, Florida Introduces Physical Activity and Nutrition to Youth (FLIPANY), Family Central, Dr. Ruby Natale, and Consulting Registered Dietitians, the TOUCH Resource Manual: Nutrition and Physical Activity in Early Childhood was developed and published for distribution to childcare centers throughout the county. The Manual is a reliable source of well-presented, evidence-based information focusing on increasing the nutrition, physical activity and screen time standards for early childcare centers.

The TOUCH Early Childhood Education partners have provided training to over 300 Broward childcare centers using these standards and resources. This massive effort is bringing coherent and sustainable healthful practices to childcare centers, providing our youngest residents with a healthy start in life.

This work has also included collaborating with organizations such as the Children’s Services Council of Broward and the Broward County Childcare Licensing and Enforcement Section to educate staff and decision makers on how revisions to the Broward County Childcare Ordinance could help reduce childhood obesity by increasing the standards set for menus, physical activity requirements, and screen time limitations within early childcare centers. Together these TOUCH partners worked to ensure our youngest residents have started with a strong foundation for achieving wellness throughout their lifetimes.
The Good Neighbor Stores Initiative:

TOUCH Broward partnered with YMCA of Broward County and FHEED, LLC for an innovative “Good Neighbor Store” project. The program included two different classes of students from local schools (Blanche Ely High School and Lauderhill 6-12 Grade School) and targeted “Corner Stores” surrounding these schools with the goal of making healthy food choices at these stores easier to identify and more accessible to shoppers.

The process started with educating the students about GO, SLOW and WHOA foods using the familiar scheme of the traffic light to choose more Green “GO” foods such as fruits and veggies, fewer Yellow “SLOW” foods such as nuts and granola and limited amounts of Red “WHOA” foods such as potato chips and candy. The simplicity of the GO, SLOW, WHOA traffic light method has proven to create long-term, lasting changes in eating choices and habits.

With the storeowner’s permission, the students then proceeded to map out all the items in the store aisles and floor using green, yellow and red dots to label items according to each food category. Lastly, the students analyzed the placement of GO, SLOW and WHOA foods within the store, discovered and discussed patterns and possible changes, and ultimately suggested a revised floor layout to make healthier food items more accessible to shoppers.

The students’ engagement and enthusiasm for the work they were doing was very rewarding, and the depth and quality of their analyses and recommendations may inspire changes in marketing of healthier food options.

HIGH QUALITY CLINICAL AND PREVENTIVE SERVICES

During Year 3, TOUCH Partners Broward Community and Family Health Center, Broward Health, Holy Cross Hospital and Memorial Healthcare System have continued to work intensively to earn and/or maintain their NCQA Patient-Centered Medical Home (PCMH) designations.

The PCMH approach provides a system of care which is focused on not only treating patients for the best health outcomes, but to also provide patients with the education and support they need to make decisions and participate in their own care. This shift has been documented in each of the TOUCH partners’ participating primary care sites and evidenced by the initial surveying of patients at these sites by the TOUCH Evaluation Team from Nova Southeastern University.

The Health Foundation of South Florida’s support of Chronic Disease Self-Management classes for patients with chronic diseases such as diabetes, high blood pressure and heart disease has also led
to opportunities for patients to learn ways to take more control over their medical conditions and participate actively in their treatment.

TOUCH is very proud and excited about the hard work and ongoing commitment partners have demonstrated as they implement both operational and systems changes within their organizations in order to provide Broward County residents the best medical care possible.

HEALTHY AND SAFE PHYSICAL ENVIRONMENTS

Under this Strategic Direction, TOUCH and our partners were charged with developing standards and guidelines to ensure safer streets and community designs for all types of transport users.

The depth and breadth of the work to be undertaken was extremely challenging and required the cooperation of municipalities, transportation departments as well as local and regional planning organizations.

Noted are highlights of the accomplishments TOUCH and partner Urban Health Partnerships achieved during Year 3:

Adoption of Complete Streets Guidelines Continues to Gain Momentum in Broward County:

South Florida has one of the highest rates of pedestrian injury in the country, ranking fourth on the Pedestrian Danger Index, as reported recently by the National Complete Streets Coalition and Smart Growth America.

To help address the problem, TOUCH Partner Urban Health Partnerships (UHP), in coordination with the Broward Metropolitan Planning Organization, worked to develop comprehensive Complete Streets Guidelines to assist Broward County in designing safer, more beautiful and functional roadways for all users, especially for pedestrians, bicyclists and public transit users.

In response to their efforts, the Broward County Commission voted unanimously to adopt the Broward County Complete Streets Guidelines, prompting the Broward Metropolitan Planning Organization (MPO) to pledge $100 Million towards Complete Streets Projects in Broward County over the next 5 years!

Additionally, Smart Growth America released a report this year titled ‘The Best Complete Streets Policies of 2013’ and named our very own Complete Streets Guidelines the 3rd best in the nation. Also, AARP Government Affairs, in partnership with Smart Growth America and the National Complete Streets Coalition, published the “Complete Streets in the Southeast” tool kit based on the implementation of Complete Streets programs in several southern communities including Broward County.
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**.

Below is an excerpt from the former Secretary of the Department of Children and Families regarding HB 7069:

"Florida is about to implement important changes to ensure the safety of Floridians who are so dependent on the quality of the people caring for them. This new law will require background screening of job applicants, employees and volunteers who come in contact with children, the developmentally disabled and vulnerable adults.

Employers as of August 1, 2010 will not be able to employ applicants for these positions of special trust or responsibility until the applicants are cleared by Level 2 background screening, the fingerprint-based search of criminal records in Florida and nationally. The fingerprints must be sent to the Florida Department of Law Enforcement, which shares them with the Federal Bureau of Investigation to thoroughly investigate if applicants have a criminal history."

BRHPC offers Live Scan Fingerprinting technology for Level II Background Screening for the Department of Children and Families (DCF), Agency for Health Care Administration (AHCA), Volunteer and Employee Criminal History System (VECHS), Elder Affairs, and the Department of Business and Professional Regulation (DBPR). Live Scan allows for electronic submission of fingerprint screens, with results within 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 and social service agencies, and colleges and universities.

Electronic Fingerprinting for Level II Background Screening services and additional services such as photo submission to the AHCA clearinghouse are available at BRHPC by appointment only. To make an appointment, contact Yolanda Falcone, Manager of Administrative Services, yfalcone@brhpc.org.
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

<table>
<thead>
<tr>
<th>Services</th>
<th>Description</th>
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<tbody>
<tr>
<td>Human Resources</td>
<td>• Maintenance of personnel files</td>
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<td>• New hire state reporting</td>
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<td>• Background Screenings</td>
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<td>• Benefit management</td>
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<td>• COBRA administration</td>
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<td>Payroll</td>
<td>• Pay check processing</td>
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<td>• Direct deposit processing</td>
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<td>• Wage garnishment administration</td>
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<td>• Federal Payroll tax filings</td>
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<td></td>
<td>• Unemployment tax filings</td>
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<tr>
<td>Accounts Receivable</td>
<td>• Invoice preparation</td>
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<tr>
<td></td>
<td>• Manage Aging of Accounts Receivables</td>
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<tr>
<td></td>
<td>• Cash receipts handling and posting</td>
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<tr>
<td>Accounts Payable</td>
<td>• Vendor payment preparation</td>
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<td></td>
<td>• Manage Aging of Accounts</td>
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<tr>
<td>Cash Budgeting</td>
<td>• Cash flow analysis</td>
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<td>• Development of Cash Budget</td>
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<tr>
<td>Contract Management</td>
<td>• Development of centralized contract management system</td>
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<td>• Deliverable Tracking</td>
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<tr>
<td>Budget Management</td>
<td>• Development of agency, program and grant budgets</td>
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<td></td>
<td>• Preparation of budget amendments and adjustments</td>
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<tr>
<td>Policies and Procedures</td>
<td>• Development of agency policy and procedure manual</td>
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<td>• Development of financial and accounting operational policies</td>
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<tr>
<td>Credentialing and Certification</td>
<td>• Action plan development and updates</td>
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<td></td>
<td>• Attendance at site visits</td>
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<td></td>
<td>• Planning and technical assistance</td>
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<tr>
<td>Financial Reporting</td>
<td>• Budget vs. Actual Revenue and Expense reports (agency, program and grant specific)</td>
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<tr>
<td></td>
<td>• Statement of Financial Position</td>
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<td>• Statement of Activities</td>
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<td>• Statement of Functional Expenses</td>
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<td></td>
<td>• Compilation of reports to funding sources, internal management and governing boards</td>
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<tr>
<td>Tax and Accounting Compliance</td>
<td>• CPA review of internal controls and reports issued</td>
</tr>
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</table>

Client Profile

- Non-profit organizations operate under strict guidelines and tight budgets.
- Grant requirements and demands in areas like cash management, reporting, payroll taxes, financial analysis, budgeting and forecasting grow quickly beyond the skills of basic bookkeeping.
- Smaller, emerging non-profits (with less than $3 million in annual revenue), may lack resources to internally ensure:
  - Effective internal controls, a fundamental business tenet
  - Compliance with accounting standards that address separation of duties, cash management, deposit procedures, reporting and auditing
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.

During the last several years, BRHPC has led statewide collaborative planning activities in partnership with the other ten Florida Local Health Planning Councils. Recent statewide initiatives included pandemic flu planning, special needs disability disaster preparedness, Florida Health Data Warehouse, and Florida Hospital/Nursing Home Utilization Warehouse. BRHPC actively encourages Healthcare Practitioners, Planners, Researchers and Policy-makers to utilize these valuable community-planning tools. These profiles are utilized to establish benchmarks and to identify target areas for quality improvement.

BRHPC developed the Florida Health Data Warehouse and analytic engine, with grant funding from the Blue Foundation for a Healthy Florida and Health Foundation of South Florida, as well as BRHPC administrative dollars. Information from the data warehouse is freely available to the public through BRHPC's website. Data warehouse modules include AHRQ Adult and Pediatric Prevention Quality Indicators, Chronic Diseases Inpatient Hospitalizations, Self-Inflicted Injury, Emergency Department Severity Stratification, and New York University Emergency Department Algorithm (Preventable/Avoidable). These modules are a valuable community-planning tool, which BRHPC actively encourages organizations to utilize. The initiative's target population is primarily uninsured and underinsured residents with chronic healthcare conditions and healthcare practitioners, planners, researchers and policy-makers.

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.
FISCAL VIABILITY

BRHPC Revenue by Service/Program FY 2013-2014

- Health Planning/Data Warehouse: 35%
- Community Services: 29%
- Community Assistance: 17%
- CDC TOUCH/USDA: 17%
- Administration/General: 2%

BRHPC Budget by Funding Source FY 2013-2014

- State Government: 29%
- Federal and State pass-thru: 29%
- Local Taxing District: 16%
- Private Foundations: 11%
- Local Government: 15%
- Municipal Government: 2%
- Various Healthcare Providers: 1%
- Private Sector: 1%
BRHPC Partners

BRHPC is thankful to the following community partners for their collaboration and support of our programs and initiatives:
### Certificate of Need

**Hospital Beds and Facilities: 1st Batching Cycle – 2014**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>DATES</th>
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</thead>
<tbody>
<tr>
<td>Summary Need Projections Published in F.A.W.</td>
<td>1-17-14</td>
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<tr>
<td>Letter of Intent Deadline</td>
<td>2-03-14</td>
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<tr>
<td>Application Deadline</td>
<td>3-05-14</td>
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<tr>
<td>Completeness Review Deadline</td>
<td>3-12-14</td>
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<tr>
<td>Application Omissions Deadline</td>
<td>4-09-14</td>
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<tr>
<td>Agency Initial Decision Deadline</td>
<td>6-06-14</td>
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**Hospital Beds and Facilities: 2nd Batching Cycle – 2014**

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<td>Summary Need Projections Published in F.A.W.</td>
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<td>8-04-14</td>
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<td>Application Deadline</td>
<td>9-03-14</td>
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<td>10-08-14</td>
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**Other Beds and Programs: 1st Batching Cycle - 2014***

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<td>5-28-14</td>
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**Other Beds and Programs: 2nd Batching Cycle - 2014***

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<td>Summary Need Projections Published in F.A.W.</td>
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<td>Application Deadline</td>
<td>11-19-14</td>
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<tr>
<td>Completeness Review Deadline</td>
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<td>Application Omissions Deadline</td>
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<tr>
<td>Agency Initial Decision Deadline</td>
<td>2-20-15</td>
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</table>

*In 2001, the Florida legislature placed a moratorium on the issuance of certificates of need for additional community nursing home beds until July 1, 2006. This action was taken because the legislature found that the continued growth in the Medicaid budget for nursing home care constrained the ability of the state to meet the needs of its elderly residents through the use of less restrictive and less institutional methods of long-term care. The moratorium on new certificates of need for additional community nursing home beds has been lifted effective July 1, 2014.*