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BID/PROPOSAL SIGNATURE PAGE

Please Note: All fields below must be completed. If the field does not apply to you, please note N/A in that field.

Contractor, if foreign corporation, may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company: (Legal Registration) Broward Regional Health Planning Council, Inc.

Address: 200 Oakwood Lane, Suite 100

City: Hollywood State: FL Zip: 33029

Telephone No. 954.561.9681 FAX No. 954.561.9685 Email: mdelucca@brhpc.org

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): Agree

Payment Terms (section 1.04 of General Conditions): Agree

Total Bid Discount (section 1.05 of General Conditions): N/A

Does your firm qualify for MBE or WBE status (section 1.09 of General Conditions): MBE No WBE No

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

| <u>Addendum No.</u> | <u>Date Issued</u> | <u>Addendum No.</u> | <u>Date Issued</u> |
|---------------------|--------------------|---------------------|--------------------|
| <u>1</u> | <u>4/22/15</u> | <u>3</u> | <u>5/6/15</u> |
| <u>2</u> | <u>4/27/15</u> | | |

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation. If this section does not apply to your bid, simply mark N/A.

N/A

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, hereby agrees that in no event shall the City's liability for respondent's indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of five hundred dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

Submitted by:

Michael De Lucca
Name (printed)

[Signature]
Signature

May 14, 2015
Date:

President and CEO
Title

Addendum # 1 - made on Apr 22, 2015 11:07:18 AM EDT

Previous Bid End Date: May 12, 2015 2:00:00 PM EDT

New Bid End Date: May 14, 2015 2:00:00 PM EDT

Previous Q&A End Date: May 08, 2015 4:00:00 PM EDT

New Q&A End Date: May 11, 2015 4:00:00 PM EDT

Description/Bid Comments: (Information was added)





City of Fort Lauderdale • Procurement Services Division
100 N. Andrews Avenue, 619 • Fort Lauderdale, Florida 33301
954-828-5933 Fax 954-828-5576
purchase@fortlauderdale.gov

ADDENDUM NO. 2

RFP No. 855-11550
TITLE: HOPWA Grant Funding & Support Services

ISSUED: April 22, 2015

This addendum is being issued to make the following changes:

1. Part VIII – Proposal Pages – Technical Proposal, Section B, Required Forms is changed to delete C. Local Business Preference Certification Statement in its entirety as it does not apply to this solicitation.
2. All other terms, conditions, and specifications remain unchanged.

Barry Sageman
Procurement Specialist II

Company Name: Broward Regional Health Planning Council
(please print)

Bidder's Signature: _____

Date: April 27, 2015



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ADDENDUM NO. 3

RFP No.855-11550

TITLE: HOPWA Grant Funding & Support Services

ISSUED: May 6, 2015

This addendum is being issued to make the following change:

PART III - TECHNICAL SPECIFICATIONS/SCOPE OF SERVICES

A. RFP SPECIFICATIONS

1st Paragraph:

c. Supportive Services without financial Housing subsidy: Non Housing Subsidy Legal Services

- Replace Three Day Writ with

Writ to possess and/or 3-day notice to evict.

- Replace Provider may not represent clients who are challenging HOPWA termination for program violations with

The provider is totally prohibited from representing any HOPWA client who are challenging HOPWA terminations.

PART III - TECHNICAL SPECIFICATIONS/SCOPE OF SERVICES

B. SERVICES SOLICITED

1st paragraph after the STRMU Outcomes Table

i.(b) PHP program Type Description (bullet 3)

- Replace STRMU Applications with PHP applications

PART III - TECHNICAL SPECIFICATIONS/SCOPE OF SERVICES

B. SERVICES SOLICITED

Directly below FAC Outcomes Table



III. Project Based Rental (PBR/PBRA) Assistance Housing – (Transitional Housing/Permanent)

Paragraph 5

- **Replace** Maintain PBR services to minimum of 97 clients per month. Of the 97 clients, 81 clients will be housed in HOPWA owned/funded properties and 11 clients will be housed through master leases with Landlords with

Maintain PBR services to minimum of 98 clients per month. Of the 98 clients, 85 clients will be housed in HOPWA owned/funded properties and 13 clients will be housed through master leases with Landlords.

PART III - TECHNICAL SPECIFICATIONS/SCOPE OF SERVICES

B. SERVICES SOLICITED

**1st paragraph after the PBRA Outcomes Table Paragraph 1
iv. Tenant Based Rental Voucher Program (TBRV)**

- **Replace** A maximum of 272 unduplicated clients will receive housing assistance within Broward County limits with

A maximum of 266 unduplicated clients will receive housing assistance within Broward County limits.

PART III - TECHNICAL SPECIFICATIONS/SCOPE OF SERVICES

B. SERVICES SOLICITED

1st paragraph after the HCM Outcome Table

II. Support Services Non-Housing: Legal Services Description

- **Replace** Three Day Writ with

Writ to possess and 3-day notice to evict.

- **Replace** Provider may not represent clients who are challenging HOPWA termination for program violations with



The provider is ***totally prohibited*** from representing any HOPWA client who are challenging HOPWA terminations.

PART III - TECHNICAL SPECIFICATIONS/SCOPE OF SERVICES

B. SERVICES SOLICITED

Legal Services Outcomes Table

Outcomes and Indicators Chart

- All indicators should be at 65%.

PART IV – TECHNICAL SPECIFICATIONS: PROPOSAL SUMMARY

Program Type Description 1st Paragraph

- Replace 3. In order to determine program success, all Proposals/Applications must contain activities, outcomes, indicators, and measures. These terms are adopted from the United Way of America's publication, *Measuring Program Outcomes: A Practical Approach*. Complete the Outcome chart by addressing at least two (2) outcomes, or benefits to clients that will result from receiving the proposed services. Each outcome must be supported by at least one indicator ***with***

3. In order to determine program success, all Proposals/Applications must contain activities, outcomes, indicators, and measures. These terms are adopted from the United Way of America's publication, *Measuring Program Outcomes: A Practical Approach*. Complete the Outcome chart by addressing the outcomes and associated performance indicators as listed in the RFP plus any other outcomes and performance indicators the provider would like to add.

For Each program type, place the associated outcomes table in a named appendices

Tenant Based Rental Voucher Programs (maximum two pages not including attachments):

- ½ way down the page
- Replace 272 ***with*** 266



CATEGORY I FUNDING

1st Chart on Page 52

- STRMU and PHP total award is \$919,247
- Projected STRMU Maximum Award \$609,000
- Projected STRMU Program Subsidy Cost (Required Amount Cannot Be Changed) \$362,500
- Projected PHP Maximum Award \$310,247
- Projected PHP Program Subsidy Cost (Required Amount Cannot Be Changed) \$209,247

Last Chart on Page 52

- Projected TBRV Maximum Award \$2,739,030
- Projected TBRV Program Subsidy Cost (Required Amount Cannot Be Changed) \$2,300,000

Additional Statement: Baseline Amount for Legal Services is \$100,000 Housing Case Management is \$380,000 and PHP/STRMU is \$810,2427. Funding increases/decreases will be calculated on the baseline amount. This will be placed in the contract.

PART VII - REQUIREMENTS OF THE PROPOSAL

Go to point 6 on page

- **Replace 6.** Submit the proposals typed on designated forms (where provided) on plain white 8.5" x 11", bond paper using 1" margins utilizing both sides of the paper. Answer application questions clearly, concisely, typed in 12-point font and double-spaced. Number proposal pages in lower right-hand corner and provide a table of contents. If the proposal is not in the correct order, it shall be rejected with
- **6.** Submit the proposals typed on designated forms (where provided) on plain white 8.5" x 11", bond paper using 1" margins utilizing both sides of the paper. Answer application questions clearly, concisely, typed in 12-point font and single



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spaced. Number proposal pages in lower right-hand corner and provide a table of contents. If the proposal is not in the correct order, it shall be rejected.

Part V Exhibit B COST PROPOSAL by Program Type Documents

Top of Page 60 Tabs Corrections

- A. Permanent Housing Placement (PHP) and Short Term Rent, Mortgage and Utilities (STRMU) Tab 19
- B. Facility Based (FAC) Tab 20
- C. Project Based Rental Assistance (PBR/PBRA) Tab 21
- D. Tenant Based Rental Voucher Assistance (TBRV) Tab 22
- E. Support Service Non-Housing Subsidy Case Management Tab 23
- F. Support Service Non-Housing Subsidy Legal Service Tab 24

1/3 the way down Page 60 REQUIRED ATTACHMENTS

Corrected Attachment Numbers and Tab Corrections as follows:

- 1.1.1: Articles of Incorporation Tab 25
- 1.1.2: EPLS Status Tab 26
- 1.2.0: IRS 501(c3) Documentation Tab 27
- 1.3.1: Most Recent Audited Financial Statement Tab 28
- 1.3.2: Financial Accountability Standards Statement Tab 29
- 1.3.3: Statement Non-Inurement Tab 30
- 1.3.4: Organizational Funding Sources Tab 31
- 1.3.5: Written financial management procedures Tab 32
- 1.3.6: Documented Proof of Financial Stability Tab 33
- 1.4.1: Organizational Chart, Resumes, and Job Descriptions Tab 34
- 1.4.2: Staff Liaison Tab 34
- 1.4.3: Mission Statement Tab 36
- 1.5.1: Board Of Directors Tab 37
- 1.6.1: Confidentiality Procedures Tab 38
- 1.6.2: Statement to Serve All Income Eligible Clients Tab 39
- 1.6.3: Quality Control and Monitoring Process Tab 40
- 1.6.4: COFL HOPWA Monitoring/Audit Reports Tab 41
- 1.7.1: Collaborative Partners Tab 42
- 1.7.2: Referral Agreements Tab 43
- 1.8.1: Lease Agreements Tab 44
- 1.8.2: Occupational License Tab 45



1.8.3: Proof of No Outstanding Liens Tab 46

PROVIDER APPENDICES (if necessary)

Corrected Attachment Numbers and Tab Corrections as follows:

- Appendix A FAC Housing Plan Template Tab 47
- Appendix B (Insert Description) Tab 48
- Appendix C (Insert Description) Tab 49
- Appendix D (Insert Description) Tab 50

Assembly Clarifications

PART IV – TECHNICAL SPECIFICATIONS: PROPSAL SUMMARY, Program Type Description

Tabs 5-10: Each tab must include:

- i. Page 29-30 Program Type Descriptions Respond to Questions 1-12
- ii. Pages 31-34 select the associated program type and respond to questions
- iii. Page 34 Add Discharge Planning Respond to Questions 1-2
- iv. Page 34 Measuring Accomplishments respond to questions 1-3
- v. Page 35 Projected Program budget respond to questions 1-9

Repeat steps i-v for each program type applying for and place behind respective tab.

Part V Exhibit B COST PROPOSAL

Tabs 19-24: Each Tab should be Assembled in the following order:

- i. Complete the appropriate chart located on Pages 52-53
- ii. Cost Proposal Sheet
- iii. Personnel Summary Sheet
- iv. Fringe Summary Sheet
- v. Personnel Narrative
- vi. Insert the respective program type budget sheet (tabs 1-1 to 7-1 located within excel exhibit B document)



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Travel

Supplies

vii. **Equipment**

viii. **Other**

ix. **Program Services**

All other terms, conditions, and specifications remain unchanged.

CB Sage 5/6/2015

Barry Sageman Procurement Specialist II

Company Name: Broward Regional Health Planning Council
(please print)

Bidder's Signature: _____

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

OP ID: DD

DATE (MM/DD/YYYY)

03/04/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|--|---|--|
| PRODUCER Gulfstream Insurance Group Inc P.O. Box 8908 Fort Lauderdale, FL 33310-8908 Robert V. Roberts | | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: BROWA12 | |
| INSURED Broward Regional Health Planning Council, Inc. 200 Oakwood Lane #100 Hollywood, FL 33020 | | INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Fire Insurance Co INSURER B: Florida Retail Federation SIF INSURER C: RSUI Indemnity Co INSURER D: Evanston Insurance Co INSURER E: INSURER F: | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|------------------------------|----------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | | | 21UENTE5756 | 03/07/2015 | 03/07/2016 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
| | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 10,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | | | | | | | |
| A | AUTOMOBILE LIABILITY | | | 21UENTE5756 | 03/07/2015 | 03/07/2016 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (PER ACCIDENT) \$ |
| A | <input checked="" type="checkbox"/> HIRED AUTOS | | | 21UENTE5756 | 03/07/2015 | 03/07/2016 | \$ |
| A | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | 21UENTE5756 | 03/07/2015 | 03/07/2016 | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | 21XHUPP0100 | 03/07/2015 | 03/07/2016 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> EXCESS LIAB | | | | | | AGGREGATE \$ 1,000,000 |
| | DEDUCTIBLE | | | | | | \$ |
| | RETENTION \$ 10000 | | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 052029173 | 09/05/2014 | 09/05/2015 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y/N | N/A | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| C | Directors&Officers | | | NHP646242 | 05/11/2014 | 05/11/2015 | Limit 1,000,000 |
| D | Professional Liab | | | EO-854448 | 08/02/2014 | 08/02/2015 | Prof Liab 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

CHILDR5

Children's Services Council
 of Broward County
 6600 West Commercial Blvd.
 Lauderhill, FL 33319

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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EXHIBIT A

E-VERIFY AFFIRMATION STATEMENT

RFP/Bid /Contract No: **RFP# 855-11550**

Project Description: **HOPWA Grant Funding & Support Services**

Contractor/Proposer/Bidder acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of,

- (a) all persons employed by Contractor/Proposer/Bidder to perform employment duties within Florida during the term of the Contract, and,
- (b) all persons (including subcontractors/vendors) assigned by Contractor/Proposer/Bidder to perform work pursuant to the Contract.

The Contractor/Proposer/Bidder acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the Contract is a condition of the Contract.

Contractor/Proposer/ Bidder Company Name: **Broward Regional Health Planning Council**

Authorized Company Person's Signature: _____

Authorized Company Person's Title: **President and CEO**

Date: **May 14, 2015**

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

| <u>NAME</u> | <u>RELATIONSHIPS</u> |
|-------------|----------------------|
| <u>None</u> | <u>None</u> |
| _____ | _____ |
| _____ | _____ |

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

Submitted by: _____ May 14, 2015
(signature) (date)

Name: (printed) Michael De Lucca Title: President and CEO

Company: (Legal Registration) Broward Regional Health Planning Council, Inc.

Tab 3 – Required Forms, Local Business Preference Certification Statement

Not Applicable No Material

Tab 4 - Part IV – Technical Specifications: Summary, Organizational Capacity and Experience

Short Term Rent Mortgage & Utility (STRMU)/Permanent Housing Placement (PHP)

1. Experience/expertise in HIV housing and services and operating proposed program(s).

BRHPC’s first experience operating HOPWA Tenant Based Vouchers (TBRV), Short-Term-Rent-Mortgage-Utility services (STRMU) and Permanent Housing Placement (PHP) programs began in 1993 under a Health Planning Council of Southwest Florida contract to serve Charlotte, Collier, DeSoto, Glades, Hendry, Lee and Sarasota counties.

BRHPC served as the lead agency for the regional HPRP Collaborative which managed the Homeless Prevention and Rapid Re-Housing Program (HPRP) funded at over \$3 million for the City of Ft. Lauderdale, City of Pompano Beach and Broward County. HPRP, a federal assistance program, prevented over 3,000 individuals and families from becoming homeless or helped those who were experiencing homelessness to be quickly re-housed and stabilized. BRHPC’s program was cited in HUD’s HPRP Year 1 Report as a housing success story. Under HPRP guidelines, Financial Assistance was provided for the eligible expenses of short-term rental assistance (up to 3 months), medium-term rental assistance (up to 6 months), or long-term rental assistance (up to 9 months), first or last month’s rent, utility payments, and hotel/motel vouchers. Additionally, the State of Florida’s DCF Office of Homelessness HPRP funding administered for the Homeless Initiatives Partnership was designed and implemented specifically to address the long-term housing needs of low-income, high-barrier families. BRHPC developed a new model of intensive case management with wrap-around services to overcome these barriers and guide clients to increase household income, receive financial training and planning, find upward employment, enroll in benefits, keep children in school, and return the families to self-sufficiency and housing stability within six to nine months.

Since that time, BRHPC has provided TBRV for the past three years and STRMU/PHP services for the past seven years in Broward County. In the 2013-2014 contract year, the STRMU/PHP BRHPC’s housing staff provided direct client services to 143 TBRV clients, 388 STRMU clients and 223 PHP clients. The table below provides a more comprehensive overview of BRHPC’s experience and expertise providing HIV housing, general housing and HIV specific support services.

| Program (BRHPC Experience) | Housing & HIV Programs | Years Exp. | Clients | Population |
|---|--------------------------------|------------|---------|------------|
| HIVPC/QM/ Needs Assess/Comp Plan | Planning/Quality Mgmt. | 20+ | NA | HIV+ |
| Short Term Rent Mortgage Utilities | Housing/Financial | 7 | 388 | HIV+ |
| Permanent Housing Placement (PHP) | Housing/Financial | 7 | 223 | HIV+ |
| Tenant Based Rental Voucher (TBRV) | Housing/Financial/Case Mgmt. | 3 | 143 | HIV+ |
| Housing Stability Program (HSP) | Housing/Financial/Case Mgmt | 3 | 150 | <150% |
| Rapid Rehousing Program (HPRP) | Housing/Financial/Case Mgmt | 3 | 3,000 | <150% |
| Social Services for Veteran Families | Housing/Financial/Case Mgmt | 2 | 350 | Veterans |
| Case Management | Housing Case Management | 4 | 286 | HIV+ |
| Centralized Intake & Eligibility (CIED) | Eligibility/Referrals/Benefits | 5 | 7,391 | HIV+ |
| Health Insurance Continuation Program | Insurance Premium Payments | 5 | 257 | HIV+ |
| AIDS Insurance Continuation Program | Insurance Premium Payments | 1 | 600 | HIV+ |
| Ryan White ADAP Premium Plus | Insurance Premium Payments | 1 | 1,980 | HIV+ |

2. Years in operation and description of current programs and funding sources:

a. include an organizational chart; Attachment 1.4.1 includes BRHPC's Organizational Chart.

b. chart of funding sources and programs funded; A detailed list of BRHPC's current programs and funding sources is included as Attachment 1.3.4.

BRHPC has been in operation since 1982 and provides a multitude of health and human services programs that complement the HOPWA programs. BRHPC currently receives approximately \$5.9 million annually for the provision of HIV/AIDS specific services through the HOPWA and Ryan White programs. BRHPC currently provides the following Ryan White funded services: *Centralized Intake and Eligibility Determination (CIED)* and *Health Insurance Continuation Program (HICP)*, *AIDS Drug Assistance Program Premium Plus (ADAP Premium+)*, and *AIDS Insurance Continuation Program (AICP)* for Persons Living with HIV/AIDS in Broward County.

Under the Ryan White Part A Program, BRHPC operates the Centralized Intake & Eligibility Determination (CIED) program, which provides a centralized intake, eligibility, enrollment and information/referral process for all Ryan White Part A funded services and other funders of similar services. CIED Intake Specialists serve as the single point of entry for Persons Living with HIV and AIDS (PLWHA) into the EMA's HIV continuum of care by providing information and assistance in obtaining medical care, other core services, and support services. The CIED program greatly benefits PLWHAs by eliminating the need to complete multiple applications for different providers, reducing delays and barriers to care and treatment, and expanding availability of 3rd party benefits through enrollment assistance. The CIED program allows eligible clients same day access to all Part A medical and support services in a single application.

During the 2013-2014 contract period, the CIED program completed the certification and recertification of all 7,391 low income and uninsured persons living with HIV/AIDS throughout Broward County. Special targeted populations include: underserved groups such as women and minorities; men who have sex with men; substance users; persons not stably housed; recently released from incarceration; persons who are aware of their HIV status, but are not in HIV care; those newly diagnosed with HIV; individuals who have dropped out of HIV care and those recently arrived from other countries.

Our 2013-2014 Annual report provides a more comprehensive overview of all of our programs and services (see Appendix B).

3. Experience and sensitivity to issues surrounding HIV and its impact on individuals and family units, racial and ethnic minorities, sexual orientation, and homelessness. BRHPC has significant experience surrounding HIV/AIDS and its impact on individuals and families, racial and ethnic minorities, sexual orientation, and homelessness. Our twenty-year history of serving as the provider of the HIV Health Services Planning Council Support, Ryan White Part A Clinical Quality Management (CQM) Program and Ryan White Comprehensive Planning and Needs Assessment provides us with a unique insight in the needs of clients and the issues individuals and families face every day with this disease. BRHPC staff and Part A-funded subgrantees participate in quality improvement initiatives through the CQM Program, including quarterly case management trainings designed to address emerging issues among Ryan White populations. Training activities are intended to create an atmosphere in which the participation of all members, including consumers, is encouraged in order to better serve HIV+ Broward

residents. Training topics include addressing mental health issues in people living with HIV/AIDS (PLWHA); cultural awareness in HIV care and treatment; and effects of homelessness on PLWHA. Part A sub-grantees also meet semi-annually with BRHPC staff to collaborate on quality improvement activities that address health disparities among specific populations.

Additionally, BRHPC has extensive expertise in delivering culturally and linguistically competent services and has a diverse staff that can meet the needs in their community. The composition of BRHPC staff mirrors the diversity of Broward County. As clients come in for service, they are matched with staff who are able to relate to their culture and who can establish rapport in a non-judgmental manner. Furthermore, BRHPC's cultural competence plan requires staff to participate in cultural competency and diversity trainings in order to effectively serve their clients. Cultural Competency Training provided to BRHPC employees address: identification of personal values that may hinder the relationship with clients; the importance of respecting a person's cultural values and avoiding stereotyping individuals and families; and identification of areas to find information about working with a culture other than your own.

4. Experience Providing Outreach.

BRHPC staff regularly conducts outreach to HIV/AIDS service providers; un-served geographic areas; underserved PLWHA groups such as homeless persons; persons of color, persons with mental illnesses, persons with substance abuse issues, transgender and transsexual persons, post-incarcerated, and youth as well as to the general HIV population. BRHPC staff regularly delivers presentations and trainings to case managers, social workers, other staff, and clients from the Ryan White HIV Service Providers and consumers, the Homeless Continuum of Care Providers and Stakeholders, and the Homeless Initiatives Partnership Administration.

BRHPC staff conducts outreach activities to engage vulnerable populations affected by the HIV epidemic for the Broward County HIV Health Services Planning Council (HIVPC) and its committees. Staff facilitates welcome brunches quarterly in under-served locations targeting minority populations affected by the HIV/AIDS epidemic. Staff reach these populations by holding events at community partnership organizations that provide services for target populations (including PLWHA with mental health and/or substance abuse issues; previously incarcerated and/or unstably housed.)

BRHPC staff also facilitate the Ryan White Community Empowerment Committee (CEC) which has at least one meeting each quarter in underserved areas of Broward to provide outreach and education to providers and consumers. The meetings are held at various Ryan White Part A and HOPWA provider agencies in order to engage consumers by meeting them where they receive services and educate consumers on the services offered at each agency. For example, past meetings have been held at the Poverello Center, Fusion, MODCO, and CDTC. Holding meetings in the community makes the HIVPC more visible to community members who may be unfamiliar with the work of the council, and also allows an opportunity to inform consumers about available services. Recently, BRHPC staff facilitated a *Transgender 101* event at Art Serve to raise awareness about the issues and challenges faced by the transgender community in Broward County.

HIV Prevention funds are also used to sponsor events and outreach activities for historically underserved populations. BRHPC is the co-sponsor for the Transgender Symposium in May 2015. BRHPC developed an HIV/AIDS infographic series targeting special populations such as

youth and black men and women. Over 10,000 copies of the infographics were distributed to Broward County high schools located in high prevalence areas. BRHPC has also purchased comprehensive sex education kits for Broward County middle and high schools.

5. Written References from Cities or Jurisdictions for Similar Services.

Written references from Broward County Government, the City of Pompano, and the JM Foundation are included as Attachment 1.7.2.

Tenant Based Rental Voucher Housing Program

1. Provider's experience and expertise in HIV housing and service provision and experience and expertise in operating the proposed program(s):

BRHPC’s first experience operating HOPWA Tenant Based Vouchers (TBRV), Short-Term-Rent-Mortgage-Utility services (STRMU) and Permanent Housing Placement (PHP) programs began in 1993 under a Health Planning Council of Southwest Florida contract to serve Charlotte, Collier, DeSoto, Glades, Hendry, Lee and Sarasota counties.

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Since that time, BRHPC has provided TBRV for the past three years and STRMU/PHP services for the past seven years in Broward County. In the 2013-2014 contract year, the STRMU/PHP BRHPC’s housing staff provided direct client services to 143 TBRV clients, 388 STRMU clients and 223 PHP clients. The table below provides a more comprehensive overview of BRHPC’s experience and expertise providing HIV housing, general housing and HIV specific support services.

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3. Describe the Provider's experience and sensitivity to the issues surrounding HIV/AIDS and its impact on individuals and family units, racial and ethnic minorities, sexual orientation, and homelessness.

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participation of all members, including consumers, is encouraged in order to better serve HIV+ Broward residents. Training topics include addressing mental health issues in people living with HIV/AIDS (PLWHA); cultural awareness in HIV care and treatment; and effects of homelessness on PLWHA. Part A sub-grantees also meet semi-annually with BRHPC staff to collaborate on quality improvement activities that address health disparities among specific populations.

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BRHPC staff regularly conduct outreach to HIV/AIDS service providers; un-served geographic areas; underserved PLWH/A groups such as homeless persons; persons of color, persons with mental illnesses, persons with substance abuse issues, transgender and transsexual persons, post-incarcerated, and youth as well as to the general HIV population. BRHPC staff regularly delivers presentations and trainings to case managers, social workers, other staff, and clients from the Ryan White HIV Service Providers and consumers, the Homeless Continuum of Care Providers and Stakeholders, and the Homeless Initiatives Partnership Administration.

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5. Written references for similar services to this RFP.

Written references from Broward County Government, the City of Pompano, and the JM Foundation are included as Attachment 1.7.2.

A. Short Term Rent, Mortgage and Utilities and Permanent Housing Placement

1. How HOPWA Program Fits Into The Mission And Purpose Of BRHPC. The HOPWA program fits into the overall mission and purpose of BRHPC. BRHPC is committed to delivering health and human service innovations at the national, state and local level through planning, direct services, implementation, evaluation and organizational capacity building. BRHPC strives to demonstrate excellence through quality delivery of HIV/AIDS Planning, Quality Assurance, Eligibility, Housing Assistance, Consumer Advocacy, Mental Health, Substance Abuse, Maternal/Child Health and Forensic Re-integration services to all populations in need, by providing coordinated, efficient cost-effective and client-centered services. The HOPWA program fits well with our mission to serve those who are uninsured and/or are struggling financially and at risk of being homeless. Many of our services complement the HOPWA program and provide clients access to other needed resources.

2. Summary of proposed HOPWA Program. The STRMU program provides short-term interventions to help maintain stable living arrangements for households experiencing a financial crisis and the potential loss of housing or utility shut off and should only be used in response to “emergency need.” STRMU can assist due to sudden or unexpected loss of income, reduction of income, and/or extraordinary and unexpected health care cost(s). STRMU payments must not be used to relieve the household responsibility of their rent, mortgage, or utility payments in the absence of ability to pay. The PHP program assists eligible clients with move in assistance and cost associated with obtaining permanent housing including application fees, credit checks, first months, last months and security deposits. Security deposits are program funds that are returned to the program upon client/tenant leaving the unit. One time utility connection fees and processing cost(s) can also be provided. PHP is a need based program and should be used sparingly.

a. Location and geographic coverage of the proposed program. STRMU/PHP program services are available at HOPWA sites in the community and at our office in Hollywood, FL.

b. Amount of HOPWA funds requested. Based on current year statistics, it is expected that approximately 200 unduplicated clients will be assisted with STRMU and approximately 150 unduplicated clients with PHP. A total of \$919,247 that includes funds for transitional and permanent housing financial assistance payments, supportive services and administration (STRMU \$609,000 + PHP \$310,247 = \$919,247).

c. How the requested funds will be utilized. The STRMU program funds will be used to provide short-term interventions to help maintain stable living arrangements for households experiencing a financial crisis and the potential loss of housing or utility shut off. The PHP program funds will be used to assist eligible clients with move in assistance and costs associated with obtaining permanent housing.

d. Program income. Not applicable.

3. Outcomes Table. Included as Appendix C (STRMU) and Appendix D (PHP).

4. Supportive Service(s) To Be Provided:

a. The proposed supportive service(s). BRHPC will provide STRMU/PHP clients with the following eligible support services: housing information services, fair housing counseling, referral services and the identification of resources to establish and maintain housing stability,

and coordination with Ryan White Part A CIED program for medical care and supportive services (Legal Aid, Mental Health, Substance Abuse Programs, Food Bank, Dental and Pharmaceutical assistance). These program types are responsible for developing housing service plans that establish or maintain a stable living environment in housing that is decent, safe and sanitary, reduce the risk of homelessness, and improve access to healthcare. Additionally, the housing plans should reduce the long-term dependence on a HOPWA subsidy by moving clients to self-sufficiency. The STRMU/PHP program not only provides clients with the emergency financial assistance to help prevent homelessness, but also includes supportive services that help clients become stabilized in housing.

b. Service Location. These services will be provided at BRHPC's office at 200 Oakwood Lane, Suite 100, Hollywood, FL 33020. After hours services are offered, based on individual client need, including at their home, hospital or other appropriate location.

c. Types and levels of services for the target population. The types and levels of services provided to clients are based on client-specific circumstances, which are determined by conducting a self-sufficiency matrix and vulnerability assessment. Based on the results of the assessment clients are linked with various services such as medical care, employment services, long term housing assistance, and financial planning. In addition, eligible clients are linked to Ryan White Part A services through CIED for medical, Legal, Mental Health/Substance Abuse, Dental, Pharmaceutical, Nutritional and Food Bank assistance.

d. Hours and frequency of services. STRMU/PHP Support staff are full-time employees and work Monday through Friday from 8:00 am to 5:00 pm. Based on clients' needs, services can also be provided after hours at their home, clinic, hospital, or other appropriate location.

e. Supportive services will assist clients in becoming stabilized and maintaining stability. The types and levels of services provided to clients are based on client-specific circumstances determined by an assessment conducted by housing staff. Based on the assessment, housing staff works closely with clients to develop a Housing Stability Plan (HSP) and assist them in accessing services and improving self-sufficiency in the areas identified in their plan.

f. Client progress tracking. Clients' progress on their HSP is tracked by the housing staff utilizing the Provide[®] electronic database. The housing staff maintains contact with each client throughout the process of receiving assistance until their goals have been achieved.

5. Supportive services provided will not be duplicative. Upon application for any HOPWA service, BRHPC staff enters all client information into Provide to ensure non-duplication of housing assistance and other supportive services. Once enrolled as a HOPWA client in Provide, no other agency can provide duplicative HOPWA funded services to the client. Provide will not allow other enrollments or service delivery from other agencies preventing clients from engaging with more than one agency for housing, financial assistance, and supportive services.

6. HOPWA funding will not supplant or overlap with current funding sources. BRHPC will not supplant or overlap HOPWA funding with other current and future agency funding sources. BRHPC's finance department is staffed to ensure complete internal controls in that no one can both encumber funds and pay the encumbrance. The department has policies and procedures to ensure appropriate segregation of duties as well as operating procedures. BRHPC utilizes Financial Edge accounting software, which requires delineation between programs, funding sources, operating expenses, and administrative costs to prevent and avoid supplanting or

overlapping funding sources. BRHPC maintains internal controls and procedures that clearly allocate personnel time with the use of an electronic timesheet system that substantiates the amount of time worked and activities completed within every program for each staff person in the agency.

7. All Supportive Services Staff:

a. Supportive services staff to client ratio. STRMU/PHP will have one Coordinator, three Reviewers, and one Enrollment Specialist.

b. Support staff shifts.. STRMU/PHP Support staff are full-time employees and work Monday through Friday during the hours of 8:00 am to 5:00 pm.

c. How staffing fits with the proposed level of supportive services to be provided. BRHPC's primary responsibility is to review and approve applications and to provide eligible applicants financial assistance. Clients requiring more supportive services will be referred to a housing case management provider.

d. Position descriptions and required qualifications of all staff. Position descriptions and subcontract agreements are included as part of Attachment 1.4.1.

8. Describe if the Provider provides healthcare. BRHPC does not provide healthcare services directly to clients and will not use HOPWA funds to replace other funding for healthcare activities.

9. How the Provider will use stabilize housing by utilizing a comprehensive housing stability plans. BRHPC will use a comprehensive HSP for clients to reduce their risk of homelessness at their initial visit. The plan will address gaps or barriers related to health; housing; mental health and substance abuse; child and maternal health; case management services; re-entry linkages; job training; counseling; and competency restoration. If clients require additional support services, they are referred to housing case management providers.

10. Describe how each Program Type will reduce barriers to housing needs. The STRMU and PHP programs will help reduce barriers to housing needs by providing clients with financial assistance to maintain stable housing and reducing barriers to self-sufficiency. The most frequent barrier to housing stability is limited income. BRHPC support services are designed to increase income, economic security and ability to afford permanent housing by assisting clients to secure third party benefits, affordable childcare, job training, budget training, employment assistance, case management services, and additional needs as identified.

11. Describe how the proposed Program Type will fit into the agency's budget and indicate what percentage it will constitute. The STRMU/PHP is part of our Eligibility, Housing and Insurance Division and constitutes 5.34% of BRHPC's total budget for 2015-16 fiscal year.

12. Describe the cultural and language capacity of staff that will be involved in the project and how they will match the targeted population to be served. The STRMU/PHP staff have cultural and language capacity that matches the target population served. The staff includes persons from African-American, Latino/Hispanic, and Haitian backgrounds. In addition to English, languages spoken by the staff include Spanish, French, Creole, and Portuguese. When necessary, BRHPC contracts with DCF approved contractor for translation services in other languages, including American Sign Language.

STRMU and PHP

1. How many STRMU and PHP applications will be reviewed annually? For walk in clients, many STRMU and PHP are completed on sight? Walk in clients does the Provider serve annually? Explain how the proposed budget supports the number of applications reviewed and the number of clients served?

The proposed budget for STRMU/PHP (Tab 19) reflects the estimated number of applications and walk-in clients as indicated above. During FY 2013-2014, BRHPC reviewed 852 applications and approximately 273 walk in clients were seen on sight.

2. For clients who complete a STRMU or PHP application, please describe the Provider's experience in developing housing stability plans to maintain housing stability.

BRHPC has completed housing stability plans for the past seven years. The individualized housing stability plan addresses particular issues that each client has regarding long-term housing stability based on the HUD-recognized Best Practice model. This process begins with a Housing Stability Assessment to determine the client's needs and their barriers to housing stability and the joint development of a Housing Stability Plan to help obtain and/or maintain long-term housing stability.

The housing stability assessment includes four broad sets of information: 1) current benefits and other sources of income, 2) potential barriers to securing housing, 3) housing needs and preferences, and 4) expenses and budgeting assessment. The housing staff reviews the client's current benefits and other income to ensure continued receipt and/or to review the status of pending applications. The housing staff will review the client's current expenses and their ability to meet monthly expenses and discuss housing options. Where the assessment identifies specific needs or barriers that may contribute to the client's housing instability, these are addressed through actionable items in the Client Housing Stability Plan. Through this process, clients will set goals for achieving housing independence and commit to achieving those goals. The housing staff will record specific activities meant to assist the client in meeting the program objectives, identification of the person(s) who is to complete each activity, a target date for completion of each activity, and (upon update) the date that each activity is completed or revised and the outcome of that completion or revision. The specific activities identified in any given client's Housing Stability Plan are, by necessity, unique to that individual client, but Housing Stability Plans will often include several common activities. Housing Stability Plans for clients using long-term assistance to obtain permanent housing following homelessness may include short-term activities related to securing housing and longer-term activities to address underlying needs such as substance abuse treatment, engagement in medical care, securing income and benefits, and signing up for other long-term rental assistance programs.

Housing Case Management providers will work closely with clients to identify suitable housing options and help clients identify skills and support needed to prevent homelessness and achieve permanent stable housing without long-term dependence on assistance. BRHPC will work with the case management providers to follow up with program participants throughout the application process and beyond in order to evaluate the effectiveness of referred interventions/services and to further assess the participant's need for referrals to additional supportive services. Referrals, tracking, and follow-up actions/outcomes will be documented in each client's profile in Provide. BRHPC staff will ensure that all HOPWA clients participate in initial and ongoing Housing Stability Assessments by the Housing Case Manager providers who

will identify the client's barriers to housing stability, educate clients about all available housing options, and help clients identify skills and support needed to prevent homelessness and achieve permanent stable housing.

3. For clients who complete a STRMU or PHP application, please describe the Provider's process for referring/transferring the clients to HOPWA HCM agencies to ensure clients maintain housing stability.

BRHPC refers/transfers clients to HOPWA HCM agencies during their initial application to ensure clients maintain housing stability. BRHPC's primary responsibility is to review and approve STRMU applications and to provide eligible applicants financial assistance. However, BRHPC has the capability to see walk in clients and begin an initial assessment before referring those clients to HCM agencies for additional supportive services. Once the initial application is completed the client will be referred by housing staff to a HCM provider. Housing staff provides clients with detailed contact information for HCM agencies and explains the process to receive additional services.

4. Please the Provider's cost containment process to ensure the allocated STRMU/PHP subsidy payments will be spread out over 12 month period.

BRHPC has developed a cost containment process with the HOPWA administrator to ensure the allocated payments will be spread out over the 12-month period. BRHPC will complete a quarterly review and analysis of the subsidy payments provided to ensure that costs are maintained and managed according to the contract funding amount.

Discharge Planning

1. Describe the Provider's policy and procedure for ensuring that clients in the Program Type are not released or exited without housing stability.

BRHPC has policies and procedures to ensure clients are not released or exited without housing stability. The process for creating and/or maintaining housing stability for the residents of Broward County who are homeless or at risk of homelessness includes:

- a. Providing provision of direct financial assistance via various BRHPC's housing programs, including HOPWA funded programs.
- b. Providing referrals to case management support services to every client participating in one of BRHPC's housing programs with the goal of identifying and reducing client-specific barriers to self-sufficiency (for example, limited income, health care or an unmet need for mental health services) and, therefore, housing stability.
- c. Providing advocacy for client rights, benefits and services with the larger community, including landlords, housing and social service agencies, health and behavioral health providers and local and state governmental agencies as appropriate.
- d. To the extent possible, continuation of services to clients until housing stability is achieved.

2. Describe the Provider's termination policy.

It is the policy of BRHPC that the STRMU/PHP HOPWA assistance to clients may be terminated only in specific circumstances, including but not limited to: 1) Client violation of program requirements; 2) Client violation of conditions of occupancy/terms of lease; 3) Client provision of false information to BRHPC to secure services (fraud); 4) Death of the client. Termination pertains to only the most severe cases and there is a formal appeals process for terminations that recognizes the clients' right to due process of law. The procedures are included in Appendix F.

Measuring Accomplishments

1. Describe how the Provider evaluates the effectiveness of each Program Type to be funded (please include a copy of any recent evaluations, internal or external, of the agency's programs Specify the staff person (name/title) who will be responsible for monitoring progress.

BRHPC has extensive experience in program monitoring and evaluation and has developed a model to assure quality and effectiveness of the HOPWA program. Details of the Quality Assurance/Quality Improvement process is described in Attachment 1.6.3. BRHPC has designated Michele Rosiere, Division Director and Sharon Alveranga-Jones, Coordinator, as the staff responsible for monitoring progress of the HOPWA programs and their résumés are included in Attachment 1.4.1.

2. Describe how the program will meet the priorities identified for the respective program category.

BRHPC's priority for the STRMU/PHP program is to review and approve applications to ensure housing stability through barrier identification, assessment of client needs, and assistance for emergency housing by developing an initial Housing Stability Plan with each participant and referring clients to appropriate HCM providers. Clients at imminent risk of homelessness or utility disconnection will be prioritized for services.

3. Provide the expected goals, objectives, performance indicators and outcomes of the program and how these targets will be tracked and measured.

BRHPC has a process for measuring expected goals, objectives, performance indicators, and outcomes of the program. The short term goal of STRMU/PHP assistance is to provide financial assistance to clients who have an emergency housing situation and may be at imminent risk of homelessness while the long term goal is to achieve housing stability. The activities, outcomes, and indicators to achieve these goals are provided in Appendix C and address maintaining a stable, adequate living environment, improved ability to independently navigate and access needed services, increased household income to successfully maintain or return to stable housing, and maintain health. These goals will be tracked and measured by the housing staff through the Provide software system.

Projected Program Type Budget

1. Please describe the Provider's financial capacity (i.e., other financial resources) to operate the program while waiting on until City agreement is signed with HUD?

BRHPC has a strong financial position with large reserves in cash and certificates of deposit (over \$3.3 million) as evidenced in its 2014 Audited Financial Statements, which is included as Attachment 1.3.1 and our current bank statement with \$3.2 million, which is included as Attachment 1.3.2. These reserves will provide the financial resources to operate the program and issue client rental payments without any reimbursement for up to 90 days.

2. Describe how the Provider will be able to pay for services provided under HOPWA on a monthly cost reimbursement process.

BRHPC has over a 30 year history of strong fiscal management and experience administering multimillion dollar cost reimbursement contracts. Built on efficient business practices, the agency has avoided the use and reliance on credit lines or loans that can lead to service interruption, agency liability, risk to accumulated assets and financial insolvency. The agency has over \$3 million dollars in cash and certificates of deposit that enable us to continue program services until the monthly invoice reimbursements are received.

3. Provide a list of grants with local, state and federal agencies, and activities currently funded within your organization. Include type of program funded, amount allocated, number of clients served and outcomes.

| City of Fort Lauderdale /HOPWA | | | | |
|--|---------------------------------|-------------|-------|----------------------------|
| Tenant Based Rental Voucher (TBRV) | Housing/Financial/Case Mgmt. | \$1,414,978 | 132 | Housing Stability |
| Short Term Rent Mortgage Utilities | Housing Financial Assistance | \$1,126,138 | 382 | Housing Stability |
| Permanent Housing Placement (PHP) | Housing Financial Assistance | | 223 | Housing Stability |
| Jim Moran Foundation | | | | |
| Housing Stability Program (HSP) | Housing/Financial/Case Mgmt. | \$300,000 | 150 | Housing Stability |
| Ryan White/Broward County Government | | | | |
| Ryan White HIV Planning Council | Comprehensive HIV Planning | \$278,771 | NA | Viral Load Suppression |
| Ryan White Quality Management | Outcomes/Standards Assessment | \$294,644 | NA | Viral Load Suppression |
| Centralized Intake & Eligibility (CIED) | Eligibility/Referrals/Benefits | \$758,470 | 7,391 | Healthcare Enrollment |
| Health Insurance Continuation Program | Healthcare/Financial Assistance | \$375,000 | 257 | Healthcare Enrollment |
| Ryan White/ADAP/ Part B/State of Florida | | | | |
| AIDS Insurance Continuation Program | Healthcare/Financial Assistance | \$4,500,000 | 600 | Insurance Premium Payments |
| ADAP Premium Plus | Healthcare/Financial Assistance | | 1,980 | Insurance Premium Payments |
| United Way/Mission United | | | | |
| Social Services for Veteran Families | Housing/Financial/Case Mgmt. | \$311,652 | 350 | Housing Stability |
| University of South FL/ HOPWA/Community Catalyst/Robert Wood Johnson | | | | |

| | | | | |
|---------------------------|---|-----------|-------|-----------------------|
| Health Care Navigator/CAC | 3 rd Party Benefits Enrollment | \$493,091 | 1,500 | Healthcare Enrollment |
|---------------------------|---|-----------|-------|-----------------------|

4. Include the Provider’s complete and current annual budget that includes all funding sources and uses.

BRHPC’s current annual budget is included as Attachment 1.3.4.

5. Describe the agency’s fiscal management system and methods to validate and audit expenditures.

BRHPC is in good financial standing with a highly qualified accounting staff and a sophisticated Financial Edge accounting software system specifically designed to support the accounting and reporting needs of non-profits. The Financial Edge accounting system manages sophisticated fund allocations, including indirect costs or complex revenue allocations; provides real-time budget monitoring to prevent overspending as well as budget modification histories, including comparisons between actual and revised budgets; and produces GASB and FASB financial reports. As evidence of BRHPC’s expertise, we also provide emerging non-profit community organizations technical assistance and oversight with implementing the administrative and fiscal infrastructure necessary to ensure compliance with federal, state and local funding requirements and establish and maintain effective internal controls to comply with accounting principles and audit standards. The agency has Accounting Policies and Procedures that are update and approved by the Board of Directors and tested annually by independent auditors.

6. Describe the Provider's plan for the continuation of the proposed program and services in the absence or reduction of HOPWA funding.

In the event of a reduction of HOPWA funding, BRHPC will work with the COFL HOPWA Administrator to develop a transition action plan to reduce services to mirror the reduced funding level. The transitional plan will include, but not be limited to continuing to 1) assist clients to achieve self-sufficiency and therefor no longer require assistance; 2) develop a housing funding matrix of available third party payers and assist clients to transition to another funder; and 3) meet with other funders to advocate for allocating funds to serve our clients.

7. If applicable, describe how much program income will be generated, how the program income will be collected and how program income will be spent/leveraged on HOPWA non-administrative eligible activities.

This is not applicable.

8. Describe strategies for long-term financial planning and on-going resource development.

BRHPC actively pursues grant and contract opportunities from federal, state and local government funding sources. BRHPC was recently awarded over \$4 million grant from the Florida Department of Health. BRHPC has an active grant writing team that is constantly monitoring grant opportunities to expand or complement current programs and services. Furthermore, BRHPC has built cash reserves to sustain the organization for the long term, especially during period of reduced funding.

9. What leverage funds will the Provider use to administer the grant?

BRHPC has built cash reserves to sustain the organization for the long term, especially during periods of reduced funding.

The budgets for STRMU/PHP can be found under Tab 19 Part V Exhibit B Cost Proposal by Program Type Documents.

Tab 6 - Part IV – Technical Specifications: Proposal Summary, Program Type Description
B. Facility Based (FAC)

Not Applicable No Material

Tab 7 - Part IV – Technical Specifications: Proposal Summary, Program Type Description
C. Project Based Rent Assistance (PBR/PBRA)

Not Applicable No Material

D. Tenant Based Rent Voucher Assistance (TBRV/TBRA)

1. How the HOPWA Program fits the mission and purpose of BRHPC. The HOPWA program fits into the overall mission and purpose of BRHPC. BRHPC is committed to delivering health and human service innovations at the national, state and local level through planning, direct services, implementation, evaluation and organizational capacity building. BRHPC strives to demonstrate excellence through quality delivery of HIV/AIDS Planning, Quality Assurance, Eligibility, Housing Assistance, Consumer Advocacy, Mental Health, Substance Abuse, Maternal/Child Health and Forensic Re-integration services to all populations in need, by providing coordinated, efficient cost-effective and client-centered services. The HOPWA program fits well with our mission to serve those who are uninsured and/or are struggling financially and at risk of being homeless. Many of our services complement the HOPWA program and provide clients access to other needed resources.

2. A summary of the TBRV Program:

a. Location and geographic coverage. TBRV program services are available to all eligible Broward County residents at HOPWA sites in the community and at our main office located at 200 Oakwood Lane, Hollywood 33019.

b. Amount of HOPWA funds requested. As described in further detail below, BRHPC and Broward House have collaborated to operate the HOPWA voucher program on an equal basis for the new contract period. The \$1,369,515 requested represents an even split of client subsidy (\$1,150,000) and operations administration cost (\$219,515).

c. How requested funds will be utilized. Broward House and BRHPC have collaboratively agreed to operate the HOPWA Voucher Program on an equal basis during a new contract period (10/1/15 - 9/30/16) and to include any contract extensions made from the initial one year term. Broward House and BRHPC have each effectively operated the HOPWA Tenant Based Rental Voucher Program since 2012 in a split arrangement with each agency operating half of the total program, we mutually pledge to continue this arrangement to the benefit of the tenants in the Voucher program and both agencies managing the program. Specifically, each agency agrees to accept one half of the total amount of funding available to TBRV during 2015-2016. Each agency agrees to accept one half of the total amount earmarked for Client Subsidy and one half of the amount available for Operations/Administration:

d. How much program income will be generated. This is not applicable.

e. Number of unduplicated clients proposed to serve in program. BRHPC will serve 133 unduplicated clients which is half of the 266 clients that will be served from the program overall.

3. Outcomes Table. The outcomes table for TBRV is included as [Appendix E](#).

4. Describe each of the supportive service(s) that will be provided:

a. Proposed supportive service(s). BRHPC will provide TBRV clients with the following eligible support services: housing information services, fair housing counseling, referral services and the identification of resources to establish and maintain housing stability, and coordination with Ryan White Part A CIED program for medical care and supportive services (Legal Aid, Mental Health, Substance Abuse Programs, Food Bank, Dental and Pharmaceutical assistance). These program types are responsible for developing housing service plans that establish or better maintain a stable HOPWA RFP #: 855-11550

living environment in housing that is decent, safe, and sanitary, reduce the risk of homelessness, and improve access to healthcare. Additionally, the housing plans should reduce the long term dependence on a HOPWA subsidy by moving clients to self-sufficiency. The TBRV program not only provides clients with the emergency financial assistance to help prevent homelessness, but also includes supportive services that help clients become stabilized in housing.

b. Where the services will be provided. These services will be provided at Broward Regional Health Planning Council's main office at 200 Oakwood Lane, Suite 100, Hollywood, FL 33020. After hours services are offered, based on each individual client need, at their home, hospital or other appropriate location.

c. How the types and levels of services are adequate for the target population. The types and levels of services provided to clients are based on their specific circumstances which are determined by conducting a self-sufficiency matrix and vulnerability assessment. Based on the results of the assessment clients are linked with various services such as medical care, gaining employment, applying for long term housing assistance and financial planning to build on existing financial management skills. In addition, eligible clients are linked to Ryan White Part A services through the Centralized Intake and Eligibility Program for medical, Legal, Mental Health/Substance Abuse, Dental, Pharmaceutical, Nutritional and Food Bank assistance.

d. Hours and frequency of each service that will be available. The TBRV program hours are Monday-Friday 8:00 am to 5:00 pm. Based on clients' needs, services can also be provided after hours at their home, clinic, hospital, or other appropriate location. Housing Case Management services are offered at the BRHPC office, Monday – Friday 8:00am to 5pm and re-certifications to determine client's eligibility are completed annually.

e. Describe how the proposed supportive services will assist clients in becoming stabilized in housing and maintain stability. The TBRV program provides clients with financial assistance to establish or better maintain stable, safe, and a decent living environment. Supportive services to improve client's health and independence are identified through an assessment of the client's current employment, housing, psychosocial and health status. Many of these clients have additional educational needs to improve literacy and financial skills, computer proficiency, or specific job skills. These needs will be addressed in their Housing Plan are provided by BRHPC, Workforce One and Consolidated Credit. Once the clients have the tools to succeed in the workforce, they are more likely to be gainfully employed and on the road to independent living. Additionally our goal is to help the clients apply for other housing resources and benefits along with measuring progress towards self-sufficiency.

f. Describe how client progress is tracked. The client's Housing Stability Plan is tracked by the housing staff utilizing the Provide Enterprise Case Management System to complete the 90 day income certification and quarterly housing action plan is used to track the client's progress towards stability. In addition, a manual Excel spreadsheet is also used to track the client's progress.

5. Supportive services will not be duplicative. Upon application for any HOPWA service, BRHPC staff enters all client information into Provide to ensure non-duplication of housing assistance and other supportive services by BRHPC and other service providers. Once enrolled with BRHPC as a HOPWA client in Provide, no other agency can provide duplicative HOPWA funded services to this client. Provide will not allow other enrollments or service delivery from other agencies preventing clients from engaging with more than one agency for housing, financial assistance, and supportive services.

6. Explain how the HOPWA funding will not supplant or overlap with current funding sources. BRHPC will not supplant or overlap HOPWA funding with other current and future agency funding sources. BRHPC's finance department is staffed to ensure complete internal controls in that no one can both encumber funds and pay the encumbrance. The department has policies and procedures to ensure appropriate segregation of duties as well as operating procedures.

7. All Supportive Services Staff:

a. Supportive services staff to client ratio. 2 FTE Housing Specialists (Ratio 1/66.5)

b. Staff shifts. TBRV is staffed by 3 full-time direct client services staff including 2 full-time Housing Specialists and 1 Full-Time Coordinator.

c. How the staffing fits with the proposed level of supportive services to be provided. The TBRV program has 2 full-time housing specialists resulting in a ratio of 1 supportive staff member for every 66.5 clients.

d. Attach position descriptions and required qualifications of all staff. Position descriptions, qualifications and agreements are attached as Attachment 1.4.1

8. Describe if the Provider provides healthcare. BRHPC does not provide healthcare.

9. How the Provider will use stabilize housing by utilizing a comprehensive housing stability plans. BRHPC will use a comprehensive HSP for clients to reduce their risk of homelessness at their initial visit. The plan will address gaps or barriers related to health; housing; mental health and substance abuse; child and maternal health; case management services; re-entry linkages; job training; counseling; and competency restoration. If clients require additional support services, they will be referred to housing case management providers.

10. How TBRV will reduce barriers to housing needs. The TBRV program will help reduce barriers to housing needs by providing clients with financial assistance to maintain stable housing and reducing barriers to self-sufficiency. Evidence has shown the most frequent barrier to housing stability to be limited income; thus, BRHPC support services are designed to increase income, economic security and ability to afford permanent housing by assisting clients to secure third party benefits, affordable childcare, job training, budget training, employment assistance, case management services, and additional needs as identified.

11. How TBRV will fit into the agency's budget and indicate what percentage it will constitute. The TBRV program will be a part of our Eligibility, Housing and Insurance Division and will constitute 25.6% of BRHPC's total budget for 2013-14 fiscal year.

12. Cultural and language capacity of staff. The BRHPC staff have cultural and language capacity that matches the target population served. The staff includes persons from African-American, Latino/Hispanic, and Haitian backgrounds. In addition to English, languages spoken by include Spanish, French, Creole, and Portuguese. When necessary, BRHPC contracts with DCF approved contractor for translation services in other languages, including American Sign Language.

Tenant Based Rental Voucher Programs

1. Please provide detailed transition plan to ensure seamless transition for Plan should include, but not limited to:

| Tasks | Timeline |
|---|--|
| Notification of contract award | COFL notification of contract award – June 1, 2015 |
| Notifying and transferring clients to Providers | Immediately following the notification of contract award and prior to October 1, 2015 at the start of the contract year. |
| Notifying existing Landlords on the transition | Immediately following the notification of contract award and prior to October 1, 2015 at the start of the contract year. |
| Ensuring client/landlord portion is correctly calculated to minimize payment disruption | Immediately following the notification of contract award and prior to October 1, 2015 at the start of the contract year. |

a. Notifying and transferring clients to Providers.

Upon notification of contract award, BRHPC will meet with the awarded Provider to finalize and implement a transition plan; establish a formal system of communication and reporting; and initiate a solid partnership to transfer and fulfill contractual obligations so as not to disrupt client voucher payments.

b. Notifying existing Landlords on the transition.

Upon notification of contract award, BRHPC will notify existing Landlords with a formal letter indicating that a transition will take place including contact information for the awarded Provider and process to ensure that there is no disruption to client voucher payments.

c. Ensuring clients portion and landlord portion is correctly calculated to minimize payment disruption.

BRHPC calculates client income and initial screening and on a quarterly basis to determine and review all client and landlord rental portions in Provide Enterprise.

d. Reviewing and updating housing stability plan.

BRHPC reviews and updates the housing stability plan for each client on a quarterly basis.

e. Maintain a *minimum of one* Housing Specialist/case manager for every 75 clients (1:75 ratio).

BRHPC will maintain the program requirement for a minimum of one Housing Specialist/case manager for every 75 clients.

f. Minimum .25 staff person for every 150 clients to oversee the TBRV program and is responsible for TBRV programmatic compliance.

BRHPC will maintain program requirement for a minimum of .25 staff person for every 150 clients to oversee the TBRV program and ensure programmatic compliance.

2. Describe the Provider’s waitlist policy/procedure.

If a client requires program assistance and a program slot is not immediately available, the client will be placed on a program wait list, based on the date and time of the original program eligibility determination. The waiting list for long-term rental assistance will be managed by the City of Fort

Lauderdale to assure equal access in all service areas. The Coordinator will inform the Housing Specialist regarding the program's final placement of the referred client on the waiting list. As the Housing Specialists are informed of vacancies or pending vacancies, the client will be immediately contacted. If the client is unable to begin the Certification process within a reasonable period (30 days), the next applicant from the waiting list will be contacted and the first applicant will be removed from the wait list. If the client requires assistance at a future date, the Housing Specialist may re-assess the client for the program, and the client will be placed on the wait list based on priority.

3. Please describe how much program income will be generated, how the program income will be collected and how program income will be spent/leveraged on HOPWA eligible non-administrative activities?

There will not be program income generated from this program.

4. Please describe the Provider's process of moving clients from HOPWA or similar subsidy to self-sufficiency. What has been the Providers actual experience in moving clients from HOPWA or similar subsidy to self-sufficiency through the use of a comprehensive housing stability plan?

BRHPC's priority for the TBRV program is to promote housing stability through barrier identification, assessment of client needs, and assistance for emergency housing by developing a Housing Stability Plan with each participant and leveraging all available community resources to achieve their goals and create a sustainable path toward long-term housing stability. Clients at imminent risk of homelessness will be prioritized for services.

Discharge Planning

1. Describe the Provider's policy and procedure for ensuring that clients in the Program Type are not released or exited without housing stability.

BRHPC has a policy and procedure in place to ensure that clients are not released or exited without housing stability. It is the policy and a priority goal of BRHPC to create and/or maintain housing stability for the residents of Broward County who are homeless or at risk of homelessness by:

- a. Providing a provision of direct financial assistance via various BRHPC's housing programs, including HOPWA funded programs.
- b. Providing a provision of case management support services to every client participating in one of BRHPC's housing programs with the goal of identifying and reducing client-specific barriers to self-sufficiency (for example, limited income, erratic health care or an unmet need for mental health services) and, therefore, housing stability.
- c. Provide advocacy for client rights, benefits and services with the larger community, including landlords, housing and social service agencies, health and behavioral health providers and local and state governmental agencies as appropriate.
- d. To the extent possible, continuation of services to clients until housing stability is achieved.

2. Describe the Provider's termination policy.

It is the policy of BRHPC that HOPWA assistance to clients may be terminated only in specific circumstances, including but not limited to: 1) Client violation of program requirements; 2) Client violation of conditions of occupancy/terms of lease; 3) Client provision of false information to BRHPC to secure services (fraud); 4) Death of the client. Termination pertains to only the most severe cases and there is a formal appeals process for terminations that recognizes the clients' right to due process of law. The procedures are included in Appendix F.

Measuring Accomplishments

1. Describe how the Provider evaluates the effectiveness of each Program Type to be funded (please include a copy of any recent evaluations, internal or external, of the agency's programs Specify the staff person (name/title) who will be responsible for monitoring progress.

BRHPC has extensive experience in program monitoring and evaluation and has developed a model to assure quality and effectiveness of the HOPWA program. Details of the Quality Assurance/Quality Improvement process is described in Attachment 1.6.3. Recent evaluations of HOPWA and other housing and HIV related programs are included in Attachment 1.6.4. BRHPC has designated Michele Rosiere, Division Director and Tashanie Hamilton, Coordinator, as the staff responsible for monitoring progress of the HOPWA programs and their résumés are included in Attachment 1.4.1.

2. Describe how the program will meet the priorities identified for the respective program category.

BRHPC's priority for the TBRV program is to promote housing stability through barrier identification, assessment of client needs, and assistance for emergency housing by developing a Housing Stability Plan with each participant and leveraging all available community resources to achieve their goals and create a sustainable path toward long-term housing stability. Clients at imminent risk of homelessness will be prioritized for services.

3. Provide the expected goals, objectives, performance indicators and outcomes of the program and how these targets will be tracked and measured.

The short term goal of TBRV assistance is to provide rental assistance to those who may otherwise be at risk of homelessness while the long term goal is to achieve long term housing stability and self- sufficiency. The activities, outcomes, and indicators to achieve these goals are provided in Appendix E and address maintaining a stable, adequate living environment, improved ability to independently navigate and access needed services, increased household income to successfully maintain or return to stable housing, and maintain health. These goals will be tracked and measured by housing staff through the Provide Enterprise software system.

Projected Program Type Budget

1. Please describe the Provider’s financial capacity (i.e., other financial resources) to operate the program while waiting on until City agreement is signed with HUD? BRHPC has a strong financial position with large reserves in cash and certificates of deposit (over \$3.3 million) as evidenced in its 2014 Audited Financial Statements, which is included as Attachment 1.3.1 and our current bank statement with \$3.2 million Attachment 1.3.2. These reserves will provide the financial resources to operate the program and issue client rental payments without any reimbursement for up to 90 days.

2. Describe how the Provider will be able to pay for services provided under HOPWA on a monthly cost reimbursement process. BRHPC has over a 30 year history of strong fiscal management and experience administering multimillion dollar cost reimbursement contracts. Built on efficient business practices, the agency has avoided the use and reliance on credit lines or loans that can lead to service interruption, agency liability, risk to accumulated assets and financial insolvency. The agency has over \$3 million dollars in cash and certificates of deposit that enable us to continue program services until the monthly invoice reimbursements are received.

3. Provide a list of grants with local, state and federal agencies, and activities currently funded within your organization.

| City of Fort Lauderdale /HOPWA | | | | |
|--|---|-------------|-------|----------------------------|
| Tenant Based Rental Voucher (TBRV) | Housing/Financial/Case Mgmt. | \$1,414,978 | 132 | Housing Stability |
| Short Term Rent Mortgage Utilities | Housing Financial Assistance | \$1,126,138 | 382 | Housing Stability |
| Permanent Housing Placement (PHP) | Housing Financial Assistance | | 223 | Housing Stability |
| Jim Moran Foundation | | | | |
| Housing Stability Program (HSP) | Housing/Financial/Case Mgmt. | \$300,000 | 150 | Housing Stability |
| Ryan White/Broward County Government | | | | |
| Ryan White HIV Planning Council | Comprehensive HIV Planning | \$278,771 | NA | Viral Load Suppression |
| Ryan White Quality Management | Outcomes/Standards Assessment | \$294,644 | NA | Viral Load Suppression |
| Centralized Intake & Eligibility (CIED) | Eligibility/Referrals/Benefits | \$758,470 | 7,391 | Healthcare Enrollment |
| Health Insurance Continuation Program | Healthcare/Financial Assistance | \$375,000 | 257 | Healthcare Enrollment |
| Ryan White/ADAP/ Part B/State of Florida | | | | |
| AIDS Insurance Continuation Program | Healthcare/Financial Assistance | \$4,500,000 | 600 | Insurance Premium Payments |
| ADAP Premium Plus | Healthcare/Financial Assistance | | 1,980 | Insurance Premium Payments |
| United Way/Mission United | | | | |
| Social Services for Veteran Families | Housing/Financial/Case Mgmt. | \$311,652 | 350 | Housing Stability |
| University of South FL/ HOPWA/Community Catalyst/Robert Wood Johnson | | | | |
| Health Care Navigator/CAC | 3 rd Party Benefits Enrollment | \$493,091 | 1,500 | Healthcare Enrollment |

4. Include the Provider's complete and current annual budget that includes all funding sources and uses.

Please see Attachment 1.3.4

5. Describe the agency's fiscal management system and methods to validate and audit expenditures. BRHPC is in good financial standing with a highly qualified accounting staff and a sophisticated Financial Edge accounting software system specifically designed to support the accounting and reporting needs of non-profits. The Financial Edge accounting system manages sophisticated fund allocations, including indirect costs or complex revenue allocations; provides real-time budget monitoring to prevent overspending as well as budget modification histories, including comparisons between actual and revised budgets; and produces GASB and FASB financial reports. As evidence of BRHPC's expertise, we also provide emerging non-profit community organizations technical assistance and oversight with implementing the administrative and fiscal infrastructure necessary to ensure compliance with federal, state and local funding requirements and establish and maintain effective internal controls to comply with accounting principles and audit standards. The agency has Accounting Policies and Procedures that are update and approved by the Board of Directors and tested annually by independent auditors.

6. Describe the Provider's plan for the continuation of the proposed program and services in the absence or reduction of HOPWA funding.

In the event of a reduction of HOPWA funding, BRHPC will work with The COFL Grantee to develop a transition action plan to reduce the need for services to mirror the reduced funding level. The transitional plan will include, but not be limited to continuing to 1) assist clients to achieve self-sufficiency and therefor no longer require assistance; 2) develop a housing funding matrix of available third party payers and assist clients to transition to another funder; and 3) meet with other funders (i.e. Ryan White Parts A and B, the Jim Moran Foundation, etc.) to advocate for allocating funds to serve our clients.

7. Describe how much program income will be generated, how the program income will be collected and how program income will be spent/leveraged on HOPWA non-administrative eligible activities.

This is not applicable.

8. Describe strategies for long-term financial planning and on-going resource development.

BRHPC has successfully grown its array of services by actively pursuing grant and contract opportunities from federal, state and local government funding sources. BRHPC was recently awarded over \$4 million grant from the Florida Department of Health. BRHPC has an active grant writing team that is constantly monitoring grant opportunities to expand or complement current programs and services. Furthermore, BRHPC has built cash reserves to sustain the organization for the long term, especially during period of reduced funding.

9. What leverage funds will the Provider use to administer the grant?

BRHPC has built cash reserves to sustain the organization for the long term, especially during periods of reduced funding.

Tab 9 - Part IV – Technical Specifications: Proposal Summary, Program Type Description
E. Housing Non-Housing Subsidy Case Management

Not Applicable No Material

Tab 10 - Part IV – Technical Specifications: Proposal Summary, Program Type Description
F. Housing Non-Housing Subsidy Legal Services

Not Applicable No Material

Tab 11 - Part IV – Technical Specifications: Proposal Summary, Organizational Eligibility

1.1 Articles of Incorporation:

1.1.1 Provide proof of corporate status and the Provider's Articles of Incorporation recognized by the state as formally establishing a Private Corporation, business, or agency. Documentation **must** be enclosed and labeled as **Attachment 1.1.1**. Proof of corporate status can be obtained from the state of Florida Division of Corporation web page at <http://www.sunbiz.org/>.

Does your organization comply? Yes No ___

If no, please state reason: _____

1.1.2 Provide documented status of the Provider in Systems for Award Management (SAMS) www.sam.gov/index.html#1 Documentation must be enclosed and labeled be enclosed and label as **Attachment 1.1.2**.

Does your organization comply? Yes No ___

If no, please state reason: _____

1.2 Nonprofit Certification - Provide documentation of the Provider's 501(c)(3) tax-exemption status from the Federal Internal Revenue Service and evidence that no part of the Provider agency's earnings work to the benefit of any member, founder, contributor, or individual. Documentation **must** be enclosed and labeled as **Attachment 1.2**. New nonprofits must show evidence of application for 501(c)(3) status at time of submission of RFP and must be designated a 501(c)(3) before any funds may be obligated. Funds are obligated on the date the City Commission approves the funding recommendation and awards the grant.

Does your organization comply? Yes No ___

If no, please state reason: _____

1.3 Financial Audit and Budget:

1.3.1 Provide a copy of your organization's most recent financial audit. Documentation **must** be enclosed and labeled as **Attachment 1.3.1**.

Does your organization comply? Yes No ___

If no, please state reason: _____

Does the audit have any findings or any material weaknesses in the audit? Yes ___ No

If yes, have the findings been cleared? Yes ___ No ___

If no, please state reason: _____

1.3.2 Provide a statement of having standards of financial accountability that conform to 24 CFR 84.21, "Standards for financial management systems" and applicable OMB circulars. Documentation **must** be enclosed and labeled as **Attachment 1.3.2**.

Does your organization comply? Yes No ___

If no, please state reason: _____

1.3.3 Provide a statement ensuring that no part of the Provider's net earnings inure to the benefit of any member, founder, contributor, or individual; be neither controlled by, nor under the direction of, individuals or entities seeking to derive profit or gain from the organization. Documentation **must** be enclosed and labeled as **Attachment 1.3.3**.

Does your organization comply? Yes No ___

If no, please state reason: _____

1.3.4 Provide a breakdown of all current fiscal years funding sources (including the funding amounts) and all of the proposed funding sources (including the funding amounts) for next year. Documentation **must** be enclosed and labeled **Attachment 1.3.4**. If the Provider has or will be seeking additional funding, that can pay for a similar service sought through HOPWA, please describe.

Does your organization comply? Yes No ___

If no, please state reason: _____

1.3.5 Provide written financial management procedures that include policies/procedures for (a) managing and tracking cash receipts/disbursements, (b) budgeting, (c) purchasing or procurement, and (d) program income. Documentation **must** be enclosed and labeled as **Attachment 1.3.5**.

Does your organization comply? Yes No ___

If no, please state reason: _____

1.3.6 Must provide documented proof of Provider's ability to have financial assets to cover 3 months of HOPWA average invoice for each program. Documented proof includes, but not limited to 1) line of credit 2) reserves and/or 2) liquid assets. Documented proof must be dated within 90 days of the submitted application. Documentation **must** be enclosed and labeled as **Attachment 1.3.6**.

Does your organization comply? Yes No ___

If no, please state reason: _____

1.4 Organization and Philosophy:

1.4.1 Provide the most recent organizational chart for the Provider. Documentation **must** be enclosed and labeled as **Attachment 1.4.1**. Indicate where the proposed project(s) will be/are within your organizational structure. Attach resumes, job descriptions and copies of required licenses of key staff members who shall be responsible for the oversight of the project.

Does your organization comply? Yes No ___

If no, please state reason: _____

1.4.2 Identify the staff person who will serve as the liaison if you are awarded the contract. Said individual shall monitor contract provisions and must be available to meet with the City staff to review activities on an "as needed" basis. Documentation **must** be enclosed and labeled as **Attachment 1.4.2**.

Does your organization comply? Yes No

If no, please state reason: _____

1.4.3 Provide a mission statement of your organization. The statement should briefly address the philosophy of your organization. (Limit to two concise paragraphs). Documentation **must** be enclosed and labeled as **Attachment 1.4.3**.

Does your organization comply? Yes No

If no, please state reason: _____

1.5 Board of Directors - Provide names and titles of the Provider's current principals including the current Board of Directors, Officers, Administrators, and senior staff. Documentation **must** be enclosed and labeled as **Attachment 1.5.1**.

Does your organization comply? Yes No

If no, please state reason: _____

1.6 Procedures and Reports:

1.6.1 Explain your system for safeguarding the confidentiality of client's currently in place or that you propose to establish for these purposes. Documentation **must** be enclosed and labeled as **Attachment 1.6.1**.

Does your organization comply? Yes No

If no, please state reason: _____

1.6.2 Provide a statement that insures that the Provider will serve all clients without regard to race, color, religion, marital status, familial status, sexual orientation, ancestry, sex, age, national origin, medical or mental condition and compliance with the Equal Access to Housing in HUD program. Documentation **must** be enclosed and labeled as **Attachment 1.6.2**.

Does your organization comply? Yes No

If no, please state reason: _____

1.6.3 Describe the process used to monitor and control the quality of services provided by staff. Documentation **must** be enclosed and labeled as **Attachment 1.6.3**.

Does your organization comply? Yes No

If no, please state reason: _____

1.6.4 Provide a copy of all monitoring/audit reports from all organizations that provided funding to the Provider within the past year two year. If the Provider has not been

monitored by its other funder(s), the Provider should include letters from current funding agency(ies) outlining the Provider's compliance status, based on their most current monitoring. Documentation **must** be enclosed and labeled as **Attachment 1.6.4**

Does your organization comply? Yes No ___

If no, please state reason: _____

1.7 Collaborations:

1.7.1 List the agencies that collaborate with the Provider in providing coordinated services to the clients the Provider intends to serve. Include Agency Name, Address, Contact Name, Phone Number, and Description of Coordinated Services. Documentation **must** be enclosed and labeled as **Attachment 1.7.1.**

Does your organization comply? Yes No ___

If no, please state reason: _____

1.7.2 Provide any referral agreements, letters of commitment or documentation of working relationships with any other organizations providing related services. Documentation **must** be enclosed and labeled as **Attachment 1.7.2.**

Does your organization comply? Yes No ___

If no, please state reason: _____

1.8 Property:

1.8.1 Provide address(es) of property(ies) where program will be conducted and proof of the Provider's right to be in possession of this property, including a copy of the deed to the property that includes the legal description. If the Provider is not the owner of the real property, then the Provider must provide a copy of a lease that shows that the Provider has the right to be in possession of the property, has the right to conduct this business at this location, has the right to make the improvements requested, if applicable, and proof that the term of the lease is as long as the term of the agreement, if awarded funding. Documentation **must** be enclosed and labeled as **Attachment 1.8.1.**

Does your organization comply? Yes No ___

If no, please state reason: _____

1.8.2 Provide copies of current occupational licenses for each address where business will be conducted. Documentation **must** be enclosed and labeled as **Attachment 1.8.2.**

Does your organization comply? Yes No ___

If no, please state reason: _____

1.8.3 Provide proof that there are no outstanding City liens against this business or these addresses. Documentation **must** be enclosed and labeled as **Attachment 1.8.3.**

Does your organization comply? Yes No ___

If no, please state reason: _____

Tab 12 - Part IV – Technical Specifications: Proposal Summary, Restrictions

Restrictions

The Provider shall:

1.1. be a private non-profit corporation organized under state or local laws; have a tax exemption ruling from the Internal Revenue Service under section 501(c)(3) of the Internal Revenue Code of 1986. New nonprofits must show evidence of application for 501(c)(3) status at time of submission of RFP and must be designated a 501(c)(3) before any funds may be obligated. Funds are obligated on the date the City Commission approves the funding recommendation and awards the grant;

Does your organization comply? Yes No ___

If no, please state reason: _____

1.2. not utilize HOPWA funds to supplant any existing programs or resources for HIV programs and services (e.g., HOPWA housing and support services must not be duplicated under Ryan White funding, Medicaid, Department of Children and Families, ADAP, Etc.);

Does your organization comply? Yes No ___

If no, please state reason: _____

1.3. have no part of its net earnings inure to the benefit of any member, founder, contributor, or individual; be neither controlled by, nor under the direction of, individuals or entities seeking to derive profit or gain from the organization;

Does your organization comply? Yes No ___

If no, please state reason: _____

1.4. have standards of financial accountability that conform to 24CFR 84.21, "Standards for Financial Management Systems" and applicable OMB circulars;

Does your organization comply? Yes No ___

If no, please state reason: _____

1.5. provide a format and/or consumer grievance process whereby PWAs may advise the organization of its concerns regarding the operation, organization and implementation of HIV/AIDS related programs;

Does your organization comply? Yes No ___

If no, please state reason: _____

1.6. have a demonstrated capacity for carrying out program activities. An organization may satisfy this requirement by hiring experienced, accomplished, key staff members (or a consultant) who have successfully operated similar programs;

Does your organization comply? Yes No ___

If no, please state reason: _____

1.7. have a history of serving the HIV/AIDS community. In general, an agency should be able to

show two years of serving the HIV/AIDS community. However, a newly created organization may meet this requirement by demonstrating that its parent organization has at least two years of serving the HIV/AIDS community;

Does your organization comply? Yes No ___

If no, please state reason: _____

1.8. utilize HOPWA funds to provide housing services only to eligible Broward County residents;

Does your organization comply? Yes No ___

If no, please state reason: _____

1.9. provide rent standards that comply with the published Section 8 fair market rent or HUD approved community-wide exception rent for the unit size. The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units;

Does your organization comply? Yes No ___

If no, please state reason: _____

1.10. make certain that each person receiving rental assistance under this program or residing in any rental housing assisted under this program, pays as rent an amount determined in accordance with Section 3(a) of the United States Housing Act of 1937 and Section 8 Housing guidelines. Under these authorities according to 24CFR 574.310(d), each resident must pay as rent the higher of:

- Thirty percent (30%) of the family's monthly adjusted income (adjustment factors include the age of the individual, medical expenses, size of the family and child care expenses);
- Ten percent (10%) of the family's monthly gross income; or
- If the family is receiving payments for welfare assistance from a public agency and a part of the payment, adjusted in accordance with the family's actual housing costs, is specifically designated by the agency to meet the family's housing costs, the portion of the payment that is designated;

Does your organization comply? Yes No ___

If no, please state reason: _____

1.11. Not utilize HOPWA funding to make payments for a service that will be provided for under another third-party benefits program or by an entity that provides services on a prepaid basis. HOPWA funding must not be utilized to supplant any other sources of funding, including Medicaid, Medicare, private insurance, Ryan White (all parts) and/or any other third party payers;

Does your organization comply? Yes No ___

If no, please state reason: _____

1.12. not utilize HOPWA funds for healthcare costs such as HIV/AIDS medications unless done so as a last resort. The client's file must provide detailed documentation of all attempts made to

secure such medications and/or treatments. The documentation of these attempts should provide the name and title of all parties involved in the request to secure the medications from each organization and the reason the request was denied. In addition, Providers must document that the use of HOPWA resources for medication costs is done so in coordination with the client's individual housing/service plan. The individual housing/service plan must include the plan, (complete with timelines and bench marks), for transitioning the clients' medication costs to mainstream health care resources. It is expected that the use of HOPWA funds for ADAP and/or Ryan White purposes would be minimal and under extreme circumstances, as most ADAP and/or Ryan White providers have policies in place that allow for a transitioning period and cover gaps in AIDS medication coverage;

Does your organization comply? Yes No ___

If no, please state reason: _____

1.13. provide housing services without regard to ability to pay or the current or past health condition of an individual;

Does your organization comply? Yes No ___

If no, please state reason: _____

1.14. agree if funds are utilized wholly or in part for employee salaries, whether direct or indirect charges, activity reports shall be submitted to the city reflecting real or reasonable activities that directly show the time each particular staff person spends on HOPWA activities;

Does your organization comply? Yes No ___

If no, please state reason: _____

1.15. agree that any equipment, furnishings, and supplies purchased with HOPWA funds, in part or wholly, Provider must provide description of the equipment and furnishings, listing the location and general condition of said property, and a serial, model number or other identification number, and is subject to physical inventory review by the City.

Does your organization comply? Yes No ___

If no, please state reason: _____

1.16. agree that all records are available for inspection by the City or HUD representatives during all normal business hours. Records pertaining to this RFP and award shall be maintained by the Provider and made available, in Broward County, Florida, for the duration of the grant term and retained for a period of four (4) years beyond the last day of the grant term. If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the four (4) year period, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the four (4) year period, whichever is later. Records shall include but not be limited to e-mails, memorandums, correspondence, accounting documents, receipts, invoices, minutes of meetings, surveys and any all other documents or data either electronic, paper or both, associated in any way to the administration and implementation of the HOPWA program and the receipt and disbursement of the HOPWA funds provided.

Does your organization comply? Yes No ___

If no, please state reason: _____

1.17. shall participate in the designated HOPWA client information software system, Provide Enterprises (PE). PROVIDER agrees to access, share, and input data electronically through PE for the purpose to accomplish a more efficient and effective service delivery for Clients; to reduce duplication of Client data; facilitate billing and reimbursement requests; improve integration of Client services; to provide a tool for the CITY, and HOPWA PROVIDERS to collaboratively provide a continuum of housing and care for persons living with HIV and AIDS within and across agencies;

Does your organization comply? Yes No _____

If no, please state reason: _____

1.18. Agree to the permitted uses and disclosures of client data as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) Privacy and Security Rules.

Does your organization comply? Yes No _____

If no, please state reason: _____

1.19. recipients must comply with Title II of the American with Disabilities Act regarding non-discrimination on the basis of disability and provide a statement pledging to abide by the Broward County Human Rights Ordinance with respect to employment, housing and public accommodations based on race, sex, religion, color, national origin, age, disability, marital status, political affiliations, familial status and sexual orientation;

Does your organization comply? Yes No _____

If no, please state reason: _____

1.20. Providers that are affiliated with religious or faith based organizations must agree to provide all eligible activities in a manner that is free from religious influences and in accordance with 24CFR§574.300(c);

Does your organization comply? Yes No _____

If no, please state reason: _____

1.21. Providers must attend the HOPWA meetings provided or organized in full and / or in part by the City. Each agency shall designate a primary representative. In the event the primary representative is unable to attend the HOPWA meetings, an alternate representative shall attend;

Does your organization comply? Yes No _____

If no, please state reason: _____

1.22. be familiar with, understand and have policies in place that complies with Federal regulations including 24 CFR 574.100- 24 CFR 574.655 but not limited to:

- i. Conflicts of Interest
- ii. Environmental Requirements
- iii. Nondiscrimination and Equal Opportunity Requirements
- iv. Affirmatively Furthering Fair Housing
- v. Lead-Based Paint Requirements
- vi. Uniform Administrative Requirements

- vii. Equal Participation of Religious Organizations
- viii. Lobbying and Disclosure Requirements
- ix. Drug-Free Workplace Requirements
- x. Procurement of Recovered Materials

Does your organization comply? Yes No

If no, please state reason: _____

Tab 13 - Part IV – Technical Specifications: Proposal Summary, Program Type Specific Requirements

A. Permanent Housing Placement (PHP) and Short Term Rent, Mortgage and Utilities (STRMU)

PHP Program Type

The Provider administering the **PHP** must:

- provide financial assistance for moving eligible persons to permanent housing that does not exceed two (2) months of rent, and/or including security deposits and fees for credit checks;
Does your organization comply? Yes No ___
If no, please state reason: _____
- provide a one-time utility connection fee and processing financial assistance as needed;
Does your organization comply? Yes No ___
If no, please state reason: _____
- determine that cost are reasonable and represent actual housing costs;
Does your organization comply? Yes No ___
If no, please state reason: _____
- ensure client’s financial resources can sustain living in the housing unit;
Does your organization comply? Yes No ___
If no, please state reason: _____
- provide financial assistance payments are “as needed”;
Does your organization comply? Yes No ___
If no, please state reason: _____
- provide financial assistance one time only for persons moving into a subsidized unit;
Does your organization comply? Yes No ___
If no, please state reason: _____
- provide financial assistance payments to a third-party entity - not directly to the client;
Does your organization comply? Yes No ___
If no, please state reason: _____
- process financial assistance applications within fifteen (15) business days upon receipt of application;
Does your organization comply? Yes No ___
If no, please state reason: _____
- issue financial assistance payments in a timely manner, no longer then two (2) business days upon approval;
Does your organization comply? Yes No ___
If no, please state reason: _____

- determine the non-subsidized housing is affordable to the household;
Does your organization comply? Yes No ___
If no, please state reason: _____
- conduct Housing Quality Standards (HQS) inspections for all housing units funded by PHP assistance and appropriately documented;
Does your organization comply? Yes No ___
If no, please state reason: _____
- adhere to the client termination policy provided in HOPWA regulation 24 CFR 574.310(e) and the City’s HOPWA termination process. Provider agrees that a Program violation by a client which is contrary to HOPWA regulations shall result in immediate termination of the offending client from the Program;
Does your organization comply? Yes No ___
If no, please state reason: _____
- provide supportive services appropriate to the clients housing needs;
Does your organization comply? Yes No ___
If no, please state reason: _____
- comply with the provisions in the applicable Code of Federal Regulations.
Does your organization comply? Yes No ___
If no, please state reason: _____

STRMU Program Type

The Provider administering STRMU must:

- determine that cost are reasonable and represent actual housing costs;
Does your organization comply? Yes No ___
If no, please state reason: _____
- adhere to time limits described in 24 CFR 574.300(b) and 574.330 and track accordingly;
Does your organization comply? Yes No ___
If no, please state reason: _____
- provide financial assistance payments “as needed”
Does your organization comply? Yes No ___
If no, please state reason: _____
- prioritize emergency applications for financial assistance and are processed within five (5) business days;
Does your organization comply? Yes No ___
If no, please state reason: _____
- not provide financial assistance for clients already receiving subsidized housing assistance;
Does your organization comply? Yes No ___
If no, please state reason: _____

- issue financial assistance payments to a third-party entity - not directly to the client;
Does your organization comply? Yes No ___
If no, please state reason: _____
- process applications for financial assistance within two (2) weeks upon receipt of application;
Does your organization comply? Yes No ___
If no, please state reason: _____
- issue assistance payments in a timely manner, no longer then two (2) business days upon approval;
Does your organization comply? Yes No ___
If no, please state reason: _____
- adhere to the client termination policy provided in HOPWA regulation 24 CFR 574.310(e) and the City's termination process. Provider agrees that a Program violation by a client which is contrary to HOPWA regulations shall result in immediate termination of the offending client from the Program;
Does your organization comply? Yes No ___
If no, please state reason: _____
- provide supportive services appropriate to the clients housing needs;
Does your organization comply? Yes No ___
If no, please state reason: _____
- comply with the provisions in the applicable Code of Federal Regulations.
Does your organization comply? Yes No ___
If no, please state reason: _____

Tab 14 - Part IV – Technical Specifications: Proposal Summary, Program Type Specific Requirements

B. Facility Based (FAC)

Not Applicable No Material

Tab 15 - Part IV – Technical Specifications: Proposal Summary, Program Type Specific Requirements

C. Project Based Rent Assistance (PBR/PBRA)

Not Applicable No Material

Tab 16 - Part IV – Technical Specifications: Proposal Summary, Program Type Specific Requirements

D. Tenant Based Rent Voucher Assistance (TBRV/TBRA)

Tenant Based Rental Voucher Program (TBRV) Program Type

The Provider operating and administering this program must:

- ensure clients are in safe and sanitary housing that is in compliance with all applicable federal, state and local housing codes, licensing requirements, and any other requirements in the jurisdiction where the housing is located;
Does your organization comply? Yes No ___
If no, please state reason: _____

- ensure each eligible person participating in the TBRV program pay rent an amount determined in accordance with Section 3(a) of the United States Housing Act of 1937 and Section 8 Housing guidelines. Under these authorities according to 24CFR§574.310(d), each resident must pay as rent the higher of;
 - Thirty percent (30%) of the family's monthly adjusted income (adjustment factors include the age of the individual, medical expenses, size of the family and child care expenses);
 - Ten percent (10%) of the family's monthly gross income; or the family is receiving payments for welfare assistance from a public agency and a part of the payment, adjusted in accordance with the family's actual housing costs, is specifically designated by the agency to meet the family's housing costs, the portion of the payment that is designated;
 - Recipients must assure that funds shall not be utilized to make payments for a service that will be provided for under another third-party benefits program or by an entity that provides services on a prepaid basis.

Does your organization comply? Yes No ___

If no, please state reason: _____

- conduct an annual Housing Quality Standard (HQS) Inspection for the TBRV units. The Provider shall provide an HQS inspection at least once in the contract year for every unit funded wholly or in part by HOPWA funds in the TBRV program. A HUD –52580- form must be completed for each inspection and recorded in PE;

Does your organization comply? Yes No ___

If no, please state reason: _____

- shall adhere to the client termination policy provided in HOPWA regulation 24 CFR 574.310(e) and the City 's termination process. Provider agrees that a Program violation by a client which impacts the integrity of all HOPWA funded housing programs shall result in immediate termination of the offending client from the Program;

Does your organization comply? Yes No ___

If no, please state reason: _____

- provide outcomes of clients receiving assistance upon 6 months of receiving project

based rent;

Does your organization comply? Yes No ___

If no, please state reason: _____

- provide supportive services appropriate to the client(s) housing needs;
Does your organization comply? Yes No ___
If no, please state reason: _____
- comply with the provisions in the applicable Code of Federal Regulations.
Does your organization comply? Yes No ___
If no, please state reason: _____

Tab 17 - Part IV – Technical Specifications: Proposal Summary, Program Type Specific Requirements

E. Housing Non-Housing Subsidy Case Management

Not Applicable No Material

Tab 18 - Part IV – Technical Specifications: Proposal Summary, Program Type Specific Requirements

F. Housing Non-Housing Subsidy Legal Services

Not Applicable No Material

EXHIBIT B

Budget: Personnel Summary

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Position Title Staff Name | Projected Annual Salary for 1 FTE Position | Staff Allocation of Time By FTE | % Salary Billed to HOPWA PHP | | | % Salary Billed to HOPWA STRMU | | | % Salary Billed to HOPWA TBRV | | | | HOPWA In Kind | % Salary billed to Ryan White | % Salary billed to Remaining Grants | % of Total Salary Across all Programs equals 100% | |
|---|--|---------------------------------|------------------------------|------------------------|----------------------------------|--------------------------------|------------------------|-----------------------------------|-------------------------------|------------------------|----------------------------------|------------------------------|---------------|-------------------------------|-------------------------------------|---|------|
| | | | Admin Cost | Operations Direct Cost | Operation Service Delivery Costs | Admin Cost | Operations Direct Cost | Operations Service Delivery Costs | Admin Costs | Operation Direct Costs | Operation Service Delivery Costs | Support Services Direct Cost | HOPWA In Kind | Ryan White | Other | | |
| Coordinator Tashanie Hamilton-Parker | \$ 41,350.00 | 1.00 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 60.00% | 40.00% | 0.00% | 0.00% | 0.00% | 100% | |
| Housing Specialist Angella Robinson | \$ 32,840.00 | 1.00 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 70.00% | 30.00% | 0.00% | 0.00% | 0.00% | 100% | |
| Housing Specialist Monica Samper | \$ 32,436.00 | 1.00 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 70.00% | 30.00% | 0.00% | 0.00% | 0.00% | 100% | |
| Accounting Manager Sandy Thompson | \$ 55,516.00 | 1.00 | 0.00% | 0.00% | 0.00% | 10.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 25.00% | 65.00% | 100% |
| Accounting Processor Lauren Edmunds | \$ 44,950.00 | 1.00 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 5.00% | 0.00% | 15.00% | 0.00% | 0.00% | 0.00% | 80.00% | 100% | |
| Manager Administrative Service Yolanda Falcone | \$ 79,210.00 | 1.00 | 2.00% | 0.00% | 0.00% | 7.00% | 0.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 13.00% | 73.00% | 100% | |
| System Administrator Jonathan Hill | \$ 62,537.00 | 1.00 | 2.00% | 0.00% | 0.00% | 6.00% | 0.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 28.00% | 59.00% | 100% | |
| Computer Support Tech Johnny Sokolsky | \$ 30,000.00 | 1.00 | 3.00% | 0.00% | 0.00% | 5.00% | 0.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 21.00% | 66.00% | 100% | |
| Division Director Michele Rosiere | \$ 91,207.00 | 1.00 | 10.00% | 0.00% | 0.00% | 0.00% | 0.00% | 5.00% | 10.00% | 0.00% | 0.00% | 0.00% | 0.00% | 60.00% | 15.00% | 100% | |
| Coordinator Sharon Alvaranga-Jones | \$ 40,000.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | |
| AP Processor Cristy Kozla | \$ 40,000.00 | 1.00 | 0.00% | 0.00% | 3.00% | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 72.00% | 100% | |
| Reviewer Iralienne Cadet | \$ 32,861.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | |
| Reviewer Nadienka Sanz | \$ 32,840.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | |
| Enrollment Specialist Shackera Scott | \$ 32,861.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | |
| Reviewer Christina Lazarre | \$ 30,844.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | |

EXHIBIT B

Budget: Fringe Summary

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Position Title Staff Name | Projected Annual Fringe for 1 FTE Position | Staff Allocation of Time By FTE | % Salary Billed to HOPWA PHP | | % Salary Billed to HOPWA STRMU | | % Salary Billed to HOPWA TBRV | | | | HOPWA In Kind | % Salary billed to Ryan White | % Salary billed to Remaining Grants | % of Total Fringe Across all programs | Calculations Narrative |
|---|--|---------------------------------|------------------------------|----------------------------------|--------------------------------|-----------------------------------|-------------------------------|------------------------|----------------------------------|------------------------------|---------------|-------------------------------|-------------------------------------|---------------------------------------|--|
| | | | Admin Cost | Operation Service Delivery Costs | Admin Cost | Operations Service Delivery Costs | Admin Costs | Operation Direct Costs | Operation Service Delivery Costs | Support Services Direct Cost | HOPWA In Kind | Ryan White | Other | | |
| Coordinator Tashanie Hamilton-Parker | \$ 13,662.28 | 1 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 60.00% | 40.00% | 0.00% | 0.00% | 0.00% | 100% | FICA CALCULATIONS 7.65% x Wages Earned |
| Housing Specialist Angella Robinson | \$ 12,127.18 | 1 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 70.00% | 30.00% | 0.00% | 0.00% | 0.00% | 100% | |
| Housing Specialist Monica Samper | \$ 12,052.04 | 1 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 70.00% | 30.00% | 0.00% | 0.00% | 0.00% | 100% | Workman's Comp Calculations .008 x total gross salaries |
| Accounting Manager Sandy Thompson | \$ 13,535.00 | 1 | 0.00% | 0.00% | 10.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 25.00% | 65.00% | 100% | |
| Accounting Processor Lauren Edmunds | \$ 14,361.00 | 1 | 0.00% | 0.00% | 0.00% | 0.00% | 5.00% | 0.00% | 15.00% | 0.00% | 0.00% | 0.00% | 80.00% | 100% | Unemployment Calculations \$7,000 x FTE x .0346 \$242.20 |
| Manager Administrative Service Yolanda Falcone | \$ 24,643.00 | 1 | 2.00% | 0.00% | 7.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 13.00% | 73.00% | 100% | |
| System Administrator Jonathan Hill | \$ 17,606.00 | 1 | 2.00% | 0.00% | 6.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 28.00% | 59.00% | 100% | Retirement Calculations 5 - 15% x gross salary (rate depends on length of employment) |
| Computer Support Tech Johnny Sokolsky | \$ 10,103.00 | 1 | 3.00% | 0.00% | 5.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 21.00% | 66.00% | 100% | |
| Division Director Michele Rosiere | \$ 27,456.00 | 1 | 10.00% | 0.00% | 0.00% | 5.00% | 10.00% | 0.00% | 0.00% | 0.00% | 0.00% | 60.00% | 15.00% | 100% | Health/Dental/Vision Care \$485.50 x 12 mos. X FTE \$5,826.00 |
| Coordinator Sharon Alvaranga-Jones | \$ 15,448.00 | 1 | 0.00% | 25.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | |
| AP Processor Cristy Kozla | \$ 9,448.00 | 1 | 0.00% | 3.00% | 0.00% | 25.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 72.00% | 100% | |
| Reviewer Iralienne Cadet | \$ 12,131.00 | 1 | 0.00% | 25.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | |
| Reviewer Nadienka Sanz | \$ 12,127.00 | 1 | 0.00% | 25.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | Life Insurance Calculations insert calculation methodology |
| Enrollment Specialist Shackera Scott | \$ 10,490.00 | 1 | 0.00% | 25.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | |
| Reviewer Christina Lazarre | \$ 11,760.00 | 1 | 0.00% | 25.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | |

EXHIBIT B

Budget: Personnel Narrative

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Position Title Staff Name | Personel Budget Narrative | | | |
|---|--|---------------------------|--|--|
| | Using the HOWA Cross Walk cost definations located in the Directions tab, provide a detailed explanation of what the staff's HOPWA job responsibilities are.. | | | |
| | ADMINISTRATION DESCRIPTION Admin Cost | Operations Direct Cost | OPERATION DESCRIPTION Service Delivery Costs | SUPPORT SERVICES DESCRIPTION Direct Costs |
| Manager Administrative Service Yolanda Falcone | Manager of Administrative Services performs all necessary HR functions including payroll, responsible for all admin policies, insurance etc., and supervises clerical personnel. | | | |
| System Administrator Jonathan Hill | Manages and supervises the MIS/IT department, oversees all computer and software issues. | | | |
| Computer Support Tech Johnny Sokolsky | Diagnoses and repairs hardware, performs preventive mainenance and install software upgrades. Maintains inventory, repair history and documentation related to warranties. | | | |
| Division Director Michele Rosiere | | | Administers and evaluates operations of complex, multi-disciplinary service delivery systems. Develops and implements strategic plans to improve program and services. Plans and directs activities of subordinate staff and evaluates staff performance. Implements, directs and monitors response procedures and interventions during emergency situations. Develops, evaluates and monitors objectives, program procedures, internal processes and performance appraisal systems as required. | |
| Coordinator Sharon Alvaranga-Jones | | | PHP Staff Supervision. Reviews and Approves applications. Performs landlord and property inspector liaison; updating client files, case note, case progress; creating reports; and liasons between program and accounting department. | |
| AP Processor Cristy Kozla | | | Insures all nesasary documentation for landlords is complete and accurate. Processes check requests for client assistance, cuts checks, mails payments, files back-up documentation. Interacts with Team Lead and Reviewers to resolve any problems. | |
| Reviewer Iralienne Cadet | | | Review applications for eligibility. Assists client with completing application. Communication with landlords, and the time/cost spent cutting/mailling/mailling costs to landlords. Assisting client with completing application, including time with landlords verifying costs, payments to landlord to assist the client's move into permanent housing, and the time and costs spent cutting/mailling/mailling costs to landlords on the client's behalf. Works landlords and housing inspectors to update client files, case notes, create reports. Serves as the line between program and accounting department to ensure proper payment of assistance. | |
| Reviewer Nadienka Sanz | | | See Reviewer Description Above. | |
| Enrollment Specialist Shackera Scott | | | Conduct prescreening of walk in/new clients to determine eligibility according to HUD guidelines. Assist clients in identifying required documentation for the program. Assist clients in the preparation of documents for the application (e.g., photocopying documents). Screen telephone calls for inquiries. Logs client visits to BRHPC and schedule appointments for intake. Perform a variety of tasks from client and landlord liaison to updating files, updating case notes, documenting case progress, and following up with clients and landlords. | |
| Reviewer Christina Lazarre | | | See Reviewer Description Above. | |

EXHIBIT B

Budget : PHP Projected Salaries and Fringe

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Position Title Staff Name | Projected Annual Salary for 1 FTE Position | Staff Allocation of Time By FTE | Projected Annual Salary Billed to PHP | | | Projected Annual Salary Billed to STRMU | Projected Annual Fringe for 1 FTE Position | Projected Annual Fringe Billed to PHP | | | Annual Fringe Billed to PHP |
|---|---|---------------------------------------|---------------------------------------|---------------------------|---|---|---|---------------------------------------|---------------------------|---|--------------------------------|
| | | | Admin Cost | Operations Direct Cost | Operations Service Delivery Costs | | | Admin Cost | Operations Direct Cost | Operations Service Delivery Costs | |
| Tashanie Hamilton-Parker Coordinator | \$ 41,350.00 | 1 | \$ - | \$ - | \$ - | \$ - | \$ 13,662.28 | \$ - | \$ - | \$ - | \$ - |
| Angella Robinson Case Manager | \$ 32,840.00 | 1 | \$ - | \$ - | \$ - | \$ - | \$ 12,127.18 | \$ - | \$ - | \$ - | \$ - |
| Monica Samper Case Manager | \$ 32,436.00 | 1 | \$ - | \$ - | \$ - | \$ - | \$ 12,052.04 | \$ - | \$ - | \$ - | \$ - |
| Accounting Manager Sandy Thompson | \$ 55,516.00 | 1 | \$ - | \$ - | \$ - | \$ - | \$ 13,535.00 | \$ - | \$ - | \$ - | \$ - |
| Accounting Processor Lauren Edmunds | \$ 44,950.00 | 1 | \$ - | \$ - | \$ - | \$ - | \$ 14,361.00 | \$ - | \$ - | \$ - | \$ - |
| Manager Administrative Service Yolanda Falcone | \$ 79,210.00 | 1 | \$ 1,584.20 | \$ - | \$ - | \$ 1,584.20 | \$ 24,643.00 | \$ 492.86 | \$ - | \$ - | \$ 492.86 |
| System Administrator Jonathan Hill | \$ 62,537.00 | 1 | \$ 1,250.74 | \$ - | \$ - | \$ 1,250.74 | \$ 17,606.00 | \$ 352.12 | \$ - | \$ - | \$ 352.12 |
| Computer Support Tech Johnny Sokolsky | \$ 30,000.00 | 1 | \$ 900.00 | \$ - | \$ - | \$ 900.00 | \$ 10,103.00 | \$ 303.09 | \$ - | \$ - | \$ 303.09 |
| Division Director Michele Rosiere | \$ 91,207.00 | 1 | \$ 9,120.70 | \$ - | \$ - | \$ 9,120.70 | \$ 27,456.00 | \$ 2,745.60 | | \$ - | \$ 2,745.60 |
| Coordinator Sharon Alvaranga-Jones | \$ 40,000.00 | 1 | \$ - | \$ - | \$ 10,000.00 | \$ 10,000.00 | \$ 15,448.00 | \$ - | | \$ 3,862.00 | \$ 3,862.00 |
| AP Processor Cristy Kozla | \$ 40,000.00 | 1 | \$ - | \$ - | \$ 1,200.00 | \$ 1,200.00 | \$ 9,448.00 | \$ - | | \$ 283.44 | \$ 283.44 |
| Reviewer Iralienne Cadet | \$ 32,861.00 | 1 | \$ - | \$ - | \$ 8,215.25 | \$ 8,215.25 | \$ 12,131.00 | \$ - | | \$ 3,032.75 | \$ 3,032.75 |
| Reviewer Nadienka Sanz | \$ 32,840.00 | 1 | \$ - | \$ - | \$ 8,210.00 | \$ 8,210.00 | \$ 12,127.00 | \$ - | | \$ 3,031.75 | \$ 3,031.75 |
| Enrollment Specialist Shackera Scott | \$ 32,861.00 | 1 | \$ - | \$ - | \$ 8,215.25 | \$ 8,215.25 | \$ 10,490.00 | \$ - | | \$ 2,622.50 | \$ 2,622.50 |
| Reviewer Christina Lazarre | \$ 30,844.00 | 1 | \$ - | \$ - | \$ 7,711.00 | \$ 7,711.00 | \$ 11,760.00 | \$ - | | \$ 2,940.00 | \$ 2,940.00 |
| SUB-TOTALS | | | \$ 12,855.64 | \$ - | \$ 43,551.50 | \$ 56,407.14 | | \$ 3,893.67 | \$ - | \$ 15,772.44 | \$ 19,666.11 |

Exhibit B -

Budge - Travel billed to PHP

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: BROWARD REGIONAL HEALTH

| Item | Breakdown of Expenses | | | Total all | % Charged to HOPWA Calculation Narrative that aligns with the Agency's cost allocation plans |
|---|-----------------------|------------------------|-------|-----------|--|
| | #REF! | Operations Direct Cost | #REF! | | |
| Insert # of miles and rate to be charged to Admin | \$ - | | | \$ - | |
| 300 miles @ \$.445 | | \$ 133.75 | | \$ 133.75 | |
| Insert # miles and rate to be charged to Support Services | | | | \$ - | |
| Parking Receipts/Tolls | \$ - | \$ - | \$ - | \$ - | |
| Total Travel - Administration | \$ - | | | | |
| Total Travel - Operations | | \$ 133.75 | | | |
| Total Travel- Support Services | | | \$ - | | |
| Total All Supplies | | | | \$ 133.75 | |

If admin staff for a HOPWA admin-related meeting, bill to admin.

If local meetings that relate to administration of the HOPWA program it is billed against admin. If it is a meeting specifically related to a client's TBRA/TBRV, STRMU, PHP then it is

If the non admin staff is doing the travel provide service delivery for client it is Service Delivery of the housing if in regards to PHP, STRMU, TBRA/TBRV.

If travel is part of HOPWA funded case management, it gets billed as service delivery HOPWA Support Services Direct Cost

Rules and regulations require a mileage log for any staff who are paid in full or part with HOPWA funds and the agency required to maintain a mileage log for auditing and monitoring.

Exhibit B -
Budget - Supplies billed to PHP
 Fiscal Year October 1, 2015 thru September 30, 2016
 Agency: **BROWARD REGIONAL HEALTH**

| Item | Breakdown of Expenses | | | Total all | % Charged to HOPWA Calculation Narrative that aligns with the Agency's cost allocation plans |
|--|-----------------------|------------------------|----------------------------------|--------------------|--|
| | Admin Cost | Operations Direct Cost | Operations Service Delivery Cost | | |
| Business Card | | | | \$ - | |
| Computer Supplies (mouse, key boards, software, usb. See equipment list) | | | | \$ - | |
| Day to Day Supplies | \$ 560.00 | | 3,260.00 | \$ 3,820.00 | |
| Flip Chart Paper | | | | \$ - | |
| Marketing Materials for HOPWA Program | | | | \$ - | |
| Postage/Delivery | \$ 40.00 | | 575.00 | \$ 615.00 | |
| Printer Toner | | | 2,095.00 | \$ 2,095.00 | |
| Program Charting and Supplies | | | | \$ - | |
| Xerox Copier and Fax Supplies | \$ 250.00 | | | \$ 250.00 | |
| Xeroxing Printing Cost only | | | | \$ - | |
| Xerox Copier Lease and associated Printing Cost | | | | \$ - | |
| Total Supplies - Administration | \$ 850.00 | | | | |
| Total Supplies - Operations | | \$ - | | | |
| Total Supplies- Support Services | | | \$ 5,930.00 | | |
| Total All Supplies | | | | \$ 6,780.00 | |

Exhibit B -

Budget -Equipment Purchased Using Agency Leverage Funding not HOPWA Funding

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Item | Agency Leveraged funding | Total all |
|--|--------------------------|-----------|
| Appliance: AC Units | | \$ - |
| Appliance: Microwave | | \$ - |
| Appliance: Other | | \$ - |
| Appliance: Refrigerator | | \$ - |
| Appliance: Stove/Oven | | \$ - |
| Appliance: Dishwasher | | \$ - |
| Appliances: Dryer | | \$ - |
| Appliances: Washer | | \$ - |
| Back up External Drives | | \$ - |
| Bed Frames | | \$ - |
| Camera | | \$ - |
| Cell Phone and Equipment | | \$ - |
| Computer Battery Back Up | | \$ - |
| Computer CPU | | \$ - |
| Computer Monitor | | \$ - |
| Computer Set (monitor, key board and CPU) | | \$ - |
| Computer Software | | \$ - |
| File Cabinets: Lateral | | \$ - |
| File Cabinets: Non-Lateral | | \$ - |
| Furniture FAC only | | \$ - |
| Furniture Non-FAC | | \$ - |
| Laptop/Notebook | | \$ - |
| LCD Projectors | | \$ - |
| Maintenance Equipment for Owned Properties | | \$ - |
| Mattresses FAC | | \$ - |
| Phone Systems | | \$ - |
| Printer/Scanner Fax Machine | | \$ - |
| Routers | | \$ - |
| Security (Only hardware and labor) | | \$ - |
| Tablets | | \$ - |
| Total Equipment - Administration | | |
| Total Equipment - Operations | | |
| Total Equipment- Support Services | \$ - | |
| Total All Supplies | | \$ - |

Exhibit B -
Budget -Program/Services for PHP
 Fiscal Year October 1, 2015 thru September 30, 2016
 Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Proposed Services (Complete only if Project Based, PHP, STRMU, or TBRV. Do not combine programs. Only enter the program to be funded.) | Number of Unduplicated Clients - Served Monthly | Number of Unduplicated Clients Served Annually | Projected Monthly Expense | Client Program Subsidy Cost As Listed in RFP |
|--|---|--|---------------------------|--|
| PHP | 11 | 132 | \$ 17,437.25 | \$ 209,247.00 |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| Total | 11 | 132 | \$ 17,437.25 | \$ 209,247.00 |

EXHIBIT B**PHP**

Line Item Budget Summary

12 Month Summary

BROWARD REGIONAL HEALTH PLANNING COUNCIL

Fiscal Year October 1, 2015 thru September 30, 2016

Requested Amount \$ **310,247.00**

| CATEGORY | Monthly Costs | Annual Costs |
|---|----------------------|---------------------|
| Programs/Service (Facility Based, PB, PHP or STRMU or TBRV) | \$ 17,437.25 | \$ 209,247.00 |
| Non Admin Personnel | \$ 3,629.29 | \$ 43,551.50 |
| Non Admin Fringe Benefits | \$ 1,314.37 | \$ 15,772.44 |
| Non Admin Travel | \$ 11.15 | \$ 133.75 |
| Non Admin Supplies | \$ 494.17 | \$ 5,930.00 |
| Non Admin Other Cost | \$ 1,184.42 | \$ 14,213.00 |
| Total HOPWA Administrative Costs (the sum up admin cost for :salaries, fringe, travel, supplies and other) | \$ 1,783.28 | \$ 21,399.31 |
| Total All Categories (Program Non Admin and Administration) | \$ 25,853.92 | \$ 310,247.00 |

Congratulations! Your requested HOPWA Administrative costs do not exceed the allowable 7% of the total program cost.

EXHIBIT B

Budget: Personnel Summary

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Position Title Staff Name | Projected Annual Salary for 1 FTE Position | Staff Allocation of Time By FTE | % Salary Billed to HOPWA PHP | | | % Salary Billed to HOPWA STRMU | | | % Salary Billed to HOPWA TBRV | | | | HOPWA In Kind | % Salary billed to Ryan White | % Salary billed to Remaining Grants | % of Total Salary Across all Programs equals 100% | Difference | |
|---|--|---------------------------------|------------------------------|------------------------|----------------------------------|--------------------------------|------------------------|-----------------------------------|-------------------------------|------------------------|----------------------------------|------------------------------|---------------|-------------------------------|-------------------------------------|---|------------|-------|
| | | | Admin Cost | Operations Direct Cost | Operation Service Delivery Costs | Admin Cost | Operations Direct Cost | Operations Service Delivery Costs | Admin Costs | Operation Direct Costs | Operation Service Delivery Costs | Support Services Direct Cost | | | | | | |
| Coordinator Tashanie Hamilton-Parker | \$ 41,350.00 | 1.00 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 60.00% | 40.00% | 0.00% | 0.00% | 0.00% | 100% | 0.00% | |
| Housing Specialist Angella Robinson | \$ 32,840.00 | 1.00 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 70.00% | 30.00% | 0.00% | 0.00% | 0.00% | 100% | 0.00% | |
| Housing Specialist Monica Samper | \$ 32,436.00 | 1.00 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 70.00% | 30.00% | 0.00% | 0.00% | 0.00% | 100% | 0.00% | |
| Accounting Manager Sandy Thompson | \$ 55,516.00 | 1.00 | 0.00% | 0.00% | 0.00% | 10.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 25.00% | 65.00% | 100% | 0.00% |
| Accounting Processor Lauren Edmunds | \$ 44,950.00 | 1.00 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 5.00% | 0.00% | 15.00% | 0.00% | 0.00% | 0.00% | 0.00% | 80.00% | 100% | 0.00% |
| Manager Administrative Service Yolanda Falcone | \$ 79,210.00 | 1.00 | 2.00% | 0.00% | 0.00% | 7.00% | 0.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 13.00% | 73.00% | 100% | 0.00% |
| System Administrator Jonathan Hill | \$ 62,537.00 | 1.00 | 2.00% | 0.00% | 0.00% | 6.00% | 0.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 28.00% | 59.00% | 100% | 0.00% |
| Computer Support Tech Johnny Sokolsky | \$ 30,000.00 | 1.00 | 3.00% | 0.00% | 0.00% | 5.00% | 0.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 21.00% | 66.00% | 100% | 0.00% |
| Division Director Michele Rosiere | \$ 91,207.00 | 1.00 | 10.00% | 0.00% | 0.00% | 0.00% | 0.00% | 5.00% | 10.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 60.00% | 15.00% | 100% | 0.00% |
| Coordinator Sharon Alvaranga-Jones | \$ 40,000.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | 0.00% |
| AP Processor Cristy Kozla | \$ 40,000.00 | 1.00 | 0.00% | 0.00% | 3.00% | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 72.00% | 100% | 0.00% |
| Reviewer Iralienne Cadet | \$ 32,861.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | 0.00% |
| Reviewer Nadienka Sanz | \$ 32,840.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | 0.00% |
| Enrollment Specialist Shackera Scott | \$ 32,861.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | 0.00% |
| Reviewer Christina Lazarre | \$ 30,844.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | 0.00% |

EXHIBIT B

Budget: Fringe Summary

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING C**

| Position Title Staff Name | Projected Annual Fringe for 1 FTE Position | Staff Allocation of Time By FTE | % Salary Billed to HOPWA STRMU | | HOPWA In Kind | % Salary billed to Ryan White | % Salary billed to Remaining Grants | % of Total Fringe Across all programs | Calculations Narrative |
|---|--|---------------------------------|--------------------------------|-----------------------------------|---------------|-------------------------------|-------------------------------------|---------------------------------------|---|
| | | | Admin Cost | Operations Service Delivery Costs | HOPWA In Kind | Ryan White | Other | | |
| Coordinator Tashanie Hamilton-Parker | \$ 13,662.28 | 1 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | Over 100% check allocation | <p>The purpose of Calculations Narrative is to provide a detailed explanation of calculations will be on the contract.</p> <p>FICA CALCULATIONS 7.65% x Wages Earned</p> |
| Housing Specialist Angella Robinson | \$ 12,127.18 | 1 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | |
| Housing Specialist Monica Samper | \$ 12,052.04 | 1 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | <p>Workman's Comp Calculations .008 x total gross salaries</p> |
| Accounting Manager Sandy Thompson | \$ 13,535.00 | 1 | 10.00% | 0.00% | 0.00% | 25.00% | 65.00% | 100% | |
| Accounting Processor Lauren Edmunds | \$ 14,361.00 | 1 | 0.00% | 0.00% | 0.00% | 0.00% | 80.00% | 100% | <p>Unemployment Calculations \$7,000 x FTE x .0346 \$242.20</p> |
| Manager Administrative Service Yolanda Falcone | \$ 24,643.00 | 1 | 7.00% | 0.00% | 0.00% | 13.00% | 73.00% | 100% | |
| System Administrator Jonathan Hill | \$ 17,606.00 | 1 | 6.00% | 0.00% | 0.00% | 28.00% | 59.00% | 100% | <p>Retirement Calculations 5 - 15% x gross salary (rate depends on length of employment)</p> |
| Computer Support Tech Johnny Sokolsky | \$ 10,103.00 | 1 | 5.00% | 0.00% | 0.00% | 21.00% | 66.00% | 100% | |
| Division Director Michele Rosiere | \$ 27,456.00 | 1 | 0.00% | 5.00% | 0.00% | 60.00% | 15.00% | 100% | <p>Health/Dental/Vision Care \$485.50 x 12 mos. X FTE \$5,826.00</p> |
| Coordinator Sharon Alvaranga-Jones | \$ 15,448.00 | 1 | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 100% | |
| AP Processor Cristy Kozla | \$ 9,448.00 | 1 | 0.00% | 25.00% | 0.00% | 0.00% | 72.00% | 100% | <p>Life Insurance Calculations insert calculation methodology</p> |
| Reviewer Iralienne Cadet | \$ 12,131.00 | 1 | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 100% | |
| Reviewer Nadienka Sanz | \$ 12,127.00 | 1 | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 100% | |
| Enrollment Specialist Shackera Scott | \$ 10,490.00 | 1 | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 100% | |
| Reviewer Christina Lazarre | \$ 11,760.00 | 1 | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 100% | |

EXHIBIT B

Budget: Personnel Narrative

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Position Title Staff Name | Personel Budget Narrative | | | |
|---|--|-------------------------------|--|--|
| | Using the HOWA Cross Walk cost definations located in the Directions tab, provide a detailed explanation of what the staff's HOPWA job responsibilities are.. | | | |
| | ADMINISTRATION DESCRIPTION Admin Cost | Operations Direct Cost | OPERATION DESCRIPTION Service Delivery Costs | SUPPORT SERVICES DESCRIPTION Direct Costs |
| Accounting Manager Sandy Thompson | Manages administrative contract deliverables and Accounting Department staff. Assists with preparation, amendments and input of HOPWA budgets into PE. Oversees and assists with Funder invoices and AR and AP issues. | | | |
| Manager Administrative Service Yolanda Falcone | Manager of Administrative Services performs all necessary HR functions including payroll, responsible for all admin policies, insurance etc., and supervises clerical personnel. | | | |
| System Administrator Jonathan Hill | Manages and supervises the MIS/IT department, oversees all computer and software issues. | | | |
| Computer Support Tech Johnny Sokolsky | Diagnoses and repairs hardware, performs preventive mainenance and install software upgrades. Maintains inventory, repair history and documentation related to warranties. | | | |
| Division Director Michele Rosiere | | | Administers and evaluates operations of complex, multi-disciplinary service delivery systems. Develops and implements strategic plans to improve program and services. Plans and directs activities of subordinate staff and evaluates staff performance. Implements, directs and monitors response procedures and interventions during emergency situations. Develops, evaluates and monitors objectives, program procedures, internal processes and performance appraisal systems as required. | |
| Coordinator Sharon Alvaranga-Jones | | | STRMU Staff Supervision. Reviews and Approves applications. Performs landlord and property inspector liaison; updating client files, case note, case progress; creating reports; and liasons between program and accounting department. | |
| AP Processor Cristy Kozla | | | Insures all nesasary documentation for landlords is complete and accurate. Processes check requests for client assistance, cuts checks, mails payments, files back-up documentation. Interacts with Team Lead and Reviewers to resolve any problems. | |
| Reviewer Iralienne Cadet | | | Review applications for eligibility. Assists client with completing application. Communication with landlords, and the time/cost spent cutting/mailling/mailling costs to landlords. Assisting client with completing application, including time with landlords verifying costs, payments to landlord to assist the client's move into permanent housing, and the time and costs spent cutting/mailling/mailling costs to landlords on the client's behalf. Works landlords and housing inspectors to update client files, case notes, create reports. Serves as the line between program and accounting department to ensure proper payment of assistance. | |
| Reviewer Nadienka Sanz | | | See Reviewer Description Above | |
| Enrollment Specialist Shackera Scott | | | Conduct prescreening of walk in/new clients to determine eligibility according to HUD guidelines. Assist clients in identifying required documentation for the program. Assist clients in the preparation of documents for the application (e.g., photocopying documents). Screen telephone calls for inquiries. Logs client visits to BRHPC and schedule appointments for intake. Perform a variety of tasks from client and landlord liaison to updating files, updating case notes, documenting case progress, and following up with clients and landlords. | |
| Reviewer Christina Lazarre | | | See Reviewer Description Above | |

EXHIBIT B

Budget : STRMU Projected Salaries and Fringe

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Position Title Staff Name | Projected Annual Salary for 1 FTE Position | Staff Allocation of Time By FTE | Projected Annual Salary Billed to STRMU | | | Projected Annual Salary Billed to STRMU | Projected Annual Fringe for 1 FTE Position | Projected Annual Fringe Billed to STRMU | | | Annual Fringe Billed to STRMU |
|---|--|---------------------------------|---|------------------------|-----------------------------------|---|--|---|------------------------|-----------------------------------|-------------------------------|
| | | | Admin Cost | Operations Direct Cost | Operations Service Delivery Costs | | | Admin Cost | Operations Direct Cost | Operations Service Delivery Costs | |
| Accounting Manager Sandy Thompson | \$ 55,516.00 | 1 | \$ 5,551.60 | \$ - | \$ - | \$ 5,551.60 | \$ 13,535.00 | \$ 1,353.50 | \$ - | \$ - | \$ 1,353.50 |
| Accounting Processor Lauren Edmunds | \$ 44,950.00 | 1 | \$ - | \$ - | \$ - | \$ - | \$ 14,361.00 | \$ - | \$ - | \$ - | \$ - |
| Manager Administrative Service Yolanda Falcone | \$ 79,210.00 | 1 | \$ 5,544.70 | \$ - | \$ - | \$ 5,544.70 | \$ 24,643.00 | \$ 1,725.01 | \$ - | \$ - | \$ 1,725.01 |
| System Administrator Jonathan Hill | \$ 62,537.00 | 1 | \$ 3,752.22 | \$ - | \$ - | \$ 3,752.22 | \$ 17,606.00 | \$ 1,056.36 | \$ - | \$ - | \$ 1,056.36 |
| Computer Support Tech Johnny Sokolsky | \$ 30,000.00 | 1 | \$ 1,500.00 | \$ - | \$ - | \$ 1,500.00 | \$ 10,103.00 | \$ 505.15 | \$ - | \$ - | \$ 505.15 |
| Division Director Michele Rosiere | \$ 91,207.00 | 1 | \$ - | \$ - | \$ 4,560.35 | \$ 4,560.35 | \$ 27,456.00 | \$ - | \$ - | \$ 1,372.80 | \$ 1,372.80 |
| Coordinator Sharon Alvaranga-Jones | \$ 40,000.00 | 1 | \$ - | \$ - | \$ 30,000.00 | \$ 30,000.00 | \$ 15,448.00 | \$ - | \$ - | \$ 11,586.00 | \$ 11,586.00 |
| AP Processor Cristy Kozla | \$ 40,000.00 | 1 | \$ - | \$ - | \$ 10,000.00 | \$ 10,000.00 | \$ 9,448.00 | \$ - | \$ - | \$ 2,362.00 | \$ 2,362.00 |
| Reviewer Iralienne Cadet | \$ 32,861.00 | 1 | \$ - | \$ - | \$ 24,645.75 | \$ 24,645.75 | \$ 12,131.00 | \$ - | \$ - | \$ 9,098.25 | \$ 9,098.25 |
| Reviewer Nadienka Sanz | \$ 32,840.00 | 1 | \$ - | \$ - | \$ 24,630.00 | \$ 24,630.00 | \$ 12,127.00 | \$ - | \$ - | \$ 9,095.25 | \$ 9,095.25 |
| Enrollment Specialist Shackera Scott | \$ 32,861.00 | 1 | \$ - | \$ - | \$ 24,645.75 | \$ 24,645.75 | \$ 10,490.00 | \$ - | \$ - | \$ 7,867.50 | \$ 7,867.50 |
| Reviewer Christina Lazarre | \$ 30,844.00 | 1 | \$ - | \$ - | \$ 23,133.00 | \$ 23,133.00 | \$ 11,760.00 | \$ - | \$ - | \$ 8,820.00 | \$ 8,820.00 |
| SUB-TOTALS | | | \$ 16,348.52 | \$ - | \$ 141,614.85 | \$ 157,963.37 | | \$ 4,640.02 | \$ - | \$ 50,201.80 | \$ 54,841.82 |

Exhibit B -

Budge - Travel billed to STRMU

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: BROWARD REGIONAL HEALTH

| Item | Breakdown of Expenses | | | Total all | % Charged to HOPWA Calculation Narrative that aligns with the Agency's cost allocation plans |
|---|-----------------------|------------------------|-------|-----------|--|
| | #REF! | Operations Direct Cost | #REF! | | |
| Insert # of miles and rate to be charged to Admin | \$ - | | | \$ - | |
| 700 miles @ \$.445 | | \$ 312.00 | | \$ 312.00 | |
| Insert # miles and rate to be charged to Support Services | | | | \$ - | |
| Parking Receipts/Tolls | \$ - | \$ - | \$ - | \$ - | |
| Total Travel - Administration | \$ - | | | | |
| Total Travel - Operations | | \$ 312.00 | | | |
| Total Travel- Support Services | | | \$ - | | |
| Total All Supplies | | | | \$ 312.00 | |

If admin staff for a HOPWA admin-related meeting, bill to admin.

If local meetings that relate to administration of the HOPWA program it is billed against admin. If it is a meeting specifically related to a client's TBRA/TBRV, STRMU, PHP then it is a

If the non admin staff is doing the travel provide service delivery for client it is Service Delivery of the housing if in regards to PHP, STRMU, TBRA/TBRV.

If travel is part of HOPWA funded case management, it gets billed as service delivery HOPWA Support Services Direct Cost

Rules and regulations require a mileage log for any staff who are paid in full or part with HOPWA funds and the agency required to maintain a mileage log for auditing and monitoring.

Exhibit B -
Budget - Supplies billed to STRMU
 Fiscal Year October 1, 2015 thru September 30, 2016
 Agency: **BROWARD REGIONAL HEALTH**

| Item | Breakdown of Expenses | | | Total all | % Charged to HOPWA Calculation Narrative that aligns with the Agency's cost allocation plans |
|--|-----------------------|------------------------|----------------------------------|---------------------|--|
| | Admin Cost | Operations Direct Cost | Operations Service Delivery Cost | | |
| Business Card | | | | \$ - | |
| Computer Supplies (mouse, key boards, software, usb. See equipment list) | | | | \$ - | |
| Day to Day Supplies | \$ 4,600.00 | | 3,928.25 | \$ 8,528.25 | |
| Flip Chart Paper | | | | \$ - | |
| Marketing Materials for HOPWA Program | | | | \$ - | |
| Postage/Delivery | \$ 100.00 | | 144.56 | \$ 244.56 | |
| Printer Toner | | | | \$ - | |
| Program Charting and Supplies | | | | \$ - | |
| Xerox Copier and Fax Supplies | \$ 500.00 | | 2,500.00 | \$ 3,000.00 | |
| Xeroxing Printing Cost only | | | | \$ - | |
| Xerox Copier Lease and associated Printing Cost | | | | \$ - | |
| Total Supplies - Administration | \$ 5,200.00 | | | | |
| Total Supplies - Operations | | \$ - | | | |
| Total Supplies- Support Services | | | \$ 6,572.81 | | |
| Total All Supplies | | | | \$ 11,772.81 | |

Exhibit B -

Budget -Equipment Purchased Using Agency Leverage Funding not HOPWA Funding

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Item | Agency Leveraged funding | Total all |
|--|--------------------------|-----------|
| Appliance: AC Units | | \$ - |
| Appliance: Microwave | | \$ - |
| Appliance: Other | | \$ - |
| Appliance: Refrigerator | | \$ - |
| Appliance: Stove/Oven | | \$ - |
| Appliance: Dishwasher | | \$ - |
| Appliances: Dryer | | \$ - |
| Appliances: Washer | | \$ - |
| Back up External Drives | | \$ - |
| Bed Frames | | \$ - |
| Camera | | \$ - |
| Cell Phone and Equipment | | \$ - |
| Computer Battery Back Up | | \$ - |
| Computer CPU | | \$ - |
| Computer Monitor | | \$ - |
| Computer Set (monitor, key board and CPU) | | \$ - |
| Computer Software | | \$ - |
| File Cabinets: Lateral | | \$ - |
| File Cabinets: Non-Lateral | | \$ - |
| Furniture FAC only | | \$ - |
| Furniture Non-FAC | | \$ - |
| Laptop/Notebook | | \$ - |
| LCD Projectors | | \$ - |
| Maintenance Equipment for Owned Properties | | \$ - |
| Mattresses FAC | | \$ - |
| Phone Systems | | \$ - |
| Printer/Scanner Fax Machine | | \$ - |
| Routers | | \$ - |
| Security (Only hardware and labor) | | \$ - |
| Tablets | | \$ - |
| Total Equipment - Administration | | |
| Total Equipment - Operations | | |
| Total Equipment- Support Services | \$ - | |
| Total All Supplies | | \$ - |

**Exhibit B
Budget Narrative -Other STRMU
Fiscal Year October 1, 2015 thru September 30, 2016
Agency: BROWARD REGIONAL HEALTH PLANNING COUN**

| Item | Breakdown of Expenses | | | Total all | % Charged to HOPWA Calculation Narrative that aligns with the Agency's cost allocation plans |
|--|-----------------------|----------------------------------|-----------------------------|---------------------|--|
| | Admin Cost | Operations Service Delivery Cost | Support Service Direct Cost | | |
| Annual Single Audit | | \$ 1,138.00 | | \$ 1,138.00 | Agency uses FTE cost allocation of .037 |
| Back Ground Check for agencies staff | \$ 140.00 | | | \$ 140.00 | Actual |
| Back Ground Check for clients | | | | \$ - | |
| Bank and W2 fees/Payroll | \$ 3,381.00 | | | \$ 3,381.00 | Actual |
| Cell Phone Service | \$ 2,466.00 | | | \$ 2,466.00 | Actual |
| Cleaning Supplies for Agency | | | | \$ - | |
| Cleaning Supplies for FAC units/PBR units | | | | \$ - | |
| Consultant: CPA/Accounting | \$ 1,759.00 | | | \$ 1,759.00 | Agency uses FTE cost allocation of .037 |
| Consultant: Employment Issues | | | | \$ - | |
| Consultant: FTE Distribution | | | | \$ - | |
| Consultant: HR | \$ 724.00 | | | \$ 724.00 | Agency uses FTE cost allocation of .037 |
| Consultant: Legal | \$ 776.00 | | | \$ 776.00 | Agency uses FTE cost allocation of .037 |
| Consultant: MIS/IT | | | | \$ - | |
| Consultants: Quality Assurance | | | | \$ - | |
| Contract: Medical Waste | | | | \$ - | |
| Contract: Elevator Inspection/Services for agency (cost allocation method) | | | | \$ - | |
| Contract: HVAC (cost allocation method) | | | | \$ - | |
| Contract: Lawn Care & Pest Control | | | | \$ - | |
| Contract: Professional Support Services for Clients | | | | \$ - | |
| Contract: Staff (if applicable cost allocation method and must provide detailed description on why needed) | | | | \$ - | |
| Contract: Tax Report | | | | \$ - | |
| Contract: Waste Management for Agency (cost allocation method) | | | | \$ - | |
| Contract: Waste Management for Facility Based | | | | \$ - | |
| Contract: Waste Management for PBR | | | | \$ - | |
| Contract: Web Site Maintenance (cost allocation) | | | | \$ - | |
| Court Fees: Legal AID Only | | | | \$ - | |
| Facility Based TV (only for common area not individual room) | | | | \$ - | |
| HR - Staff Recruitment /Online Job placement Advertising Service | | | | \$ - | |
| Income Verification | | | | \$ - | |
| Insurance: Auto | | | | \$ - | |
| Insurance: Contents for inside Buildings | | | | \$ - | |
| Insurance: Crime | | | | \$ - | |
| Insurance: Data Protection | | | | \$ - | |
| Insurance: Directors and Officers | | | | \$ - | |
| Insurance: Flood | | | | \$ - | |
| Insurance: General Liability | | | | \$ - | |
| Insurance: Other | | | | \$ - | |
| Insurance: Professional Liability | | | | \$ - | |
| Insurance: Property | | | | \$ - | |
| Insurance: Umbrella | | | | \$ - | |
| Insurance: Wind | | | | \$ - | |
| Maintenance (main building) | | | | \$ - | |
| License and Permits (State AHCA, County licenses etc) | | | | \$ - | |
| Nutrition: Dietary Supplies (3 meals a day plus snacks and drinks etc FAC Program only) | | | | \$ - | |
| Rent for Agency | \$ 1,976.00 | \$ 6,215.00 | | \$ 8,191.00 | Agency uses FTE cost allocation of .037 |
| Rent/lease for Facility Based Housing | | | | \$ - | |
| Rent Lease: Storage Facility (used across agency and client records, cost allocation) | | | | \$ - | |
| Telephone, Internet Expenses, Fax | | \$ 1,077.00 | | \$ 1,077.00 | Agency uses FTE cost allocation of .037 |
| Maintence Office Building | | \$ 1,300.00 | | \$ 1,300.00 | Agency uses FTE cost allocation of .037 |
| Transportation: Vehicle Maintenance for Facility Based | | | | \$ - | |
| Transportation: Vehicle Expense - Gas Facility Based | | | | \$ - | |
| Transportation: Vehicle Lease /Payment: | | | | \$ - | |
| Utilities: Electric for Agency | | \$ 658.00 | | \$ 658.00 | Agency uses FTE cost allocation of .037 |
| Utilities: Gas for Agency | | | | \$ - | |
| Utilities: Water, Sewage and Trash Agency | | | | \$ - | |
| | | | | \$ - | |
| | | | | \$ - | |
| | | | | \$ - | |
| | | | | \$ - | |
| | | | | \$ - | |
| | | | | \$ - | |
| | | | | \$ - | |
| | | | | \$ - | |
| | | | | \$ - | |
| | | | | \$ - | |
| Total Other - Administration | \$ 11,222.00 | | | | |
| Total Other- Operations Support Service Cost | | \$ 10,388.00 | | | |
| Total Other- Support Service Direct Cost | | | \$ - | | |
| Total All Other | | | | \$ 21,610.00 | |

Exhibit B -
Budget -Program/Services for STRMU
 Fiscal Year October 1, 2015 thru September 30, 2016
 Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Proposed Services (Complete only if Project Based, PHP, STRMU, or TBRV. Do not combine programs. Only enter the program to be funded.) | Number of Unduplicated Clients - Served Monthly | Number of Unduplicated Clients Served Annually | Projected Monthly Expense | Client Program Subsidy Cost As Listed in RFP |
|--|---|--|---------------------------|--|
| STRMU | 12 | 145 | \$ 30,208.33 | \$ 362,500.00 |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| Total | 12 | 145 | \$ 30,208.33 | \$ 362,500.00 |

EXHIBIT B**STRMU**

Line Item Budget Summary

12 Month Summary

BROWARD REGIONAL HEALTH PLANNING COUNCIL

Fiscal Year October 1, 2015 thru September 30, 2016

Requested Amount \$ **609,000.00**

| CATEGORY | Monthly Costs | Annual Costs |
|---|----------------------|---------------------|
| Programs/Service (Facility Based, PB, PHP or STRMU or TBRV) | \$ 30,208.33 | \$ 362,500.00 |
| Non Admin Personnel | \$ 11,801.24 | \$ 141,614.85 |
| Non Admin Fringe Benefits | \$ 4,183.48 | \$ 50,201.80 |
| Non Admin Travel | \$ 26.00 | \$ 312.00 |
| Non Admin Supplies | \$ 547.73 | \$ 6,572.81 |
| Non Admin Other Cost | \$ 865.67 | \$ 10,388.00 |
| Total HOPWA Administrative Costs (the sum up admin cost for :salaries, fringe, travel, supplies and other) | \$ 3,117.55 | \$ 37,410.54 |
| Total All Categories (Program Non Admin and Administration) | \$ 50,750.00 | \$ 609,000.00 |

Congratulations! Your requested HOPWA Administrative costs do not exceed the allowable 7% of the total program cost.

Tab 20 - Part V Exhibit B Cost Proposal by Program Type Documents
B. Facility Based (FAC)

Not Applicable No Material

Tab 21 - Part V Exhibit B Cost Proposal by Program Type Documents
C. Project Based Rent Assistance (PBR/PBRA)

Not Applicable No Material

EXHIBIT B

Budget: Personnel Summary

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING CO**

| Position Title Staff Name | Projected Annual Salary for 1 FTE Position | Staff Allocation of Time By FTE | % Salary Billed to HOPWA PHP | | | % Salary Billed to HOPWA STRMU | | | % Salary Billed to HOPWA TBRV | | | | HOPWA In Kind | % Salary billed to Ryan White | % Salary billed to Remaining Grants | % of Total Salary Across all Programs equals 100% |
|---|--|---------------------------------|------------------------------|------------------------|----------------------------------|--------------------------------|------------------------|-----------------------------------|-------------------------------|------------------------|----------------------------------|------------------------------|---------------|-------------------------------|-------------------------------------|---|
| | | | Admin Cost | Operations Direct Cost | Operation Service Delivery Costs | Admin Cost | Operations Direct Cost | Operations Service Delivery Costs | Admin Costs | Operation Direct Costs | Operation Service Delivery Costs | Support Services Direct Cost | HOPWA In Kind | Ryan White | Other | |
| Coordinator Tashanie Hamilton-Parker | \$ 41,350.00 | 1.00 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 60.00% | 40.00% | 0.00% | 0.00% | 0.00% | 100% |
| Housing Specialist Angella Robinson | \$ 32,840.00 | 1.00 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 70.00% | 30.00% | 0.00% | 0.00% | 0.00% | 100% |
| Housing Specialist Monica Samper | \$ 32,436.00 | 1.00 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 70.00% | 30.00% | 0.00% | 0.00% | 0.00% | 100% |
| Accounting Processor Lauren Edmunds | \$ 44,950.00 | 1.00 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 5.00% | 0.00% | 0.00% | 15.00% | 0.00% | 0.00% | 80.00% | 100% |
| Manager Administrative Service Yolanda Falcone | \$ 79,210.00 | 1.00 | 2.00% | 0.00% | 0.00% | 7.00% | 0.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 13.00% | 73.00% | 100% |
| System Administrator Jonathan Hill | \$ 62,537.00 | 1.00 | 2.00% | 0.00% | 0.00% | 6.00% | 0.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 28.00% | 59.00% | 100% |
| Computer Support Tech Johnny Sokolsky | \$ 30,000.00 | 1.00 | 3.00% | 0.00% | 0.00% | 5.00% | 0.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 21.00% | 66.00% | 100% |
| Division Director Michele Rosiere | \$ 91,207.00 | 1.00 | 10.00% | 0.00% | 0.00% | 0.00% | 0.00% | 5.00% | 10.00% | 0.00% | 0.00% | 0.00% | 0.00% | 60.00% | 15.00% | 100% |
| Accounting Manager Sandy Thompson | \$ 55,516.00 | 1.00 | 0.00% | 0.00% | 0.00% | 10.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 25.00% | 65.00% | 100% |
| Coordinator Sharon Alvaranga-Jones | \$ 40,000.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% |
| AP Processor Cristy Kozla | \$ 40,000.00 | 1.00 | 0.00% | 0.00% | 3.00% | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 72.00% | 100% |
| Reviewer Iralienne Cadet | \$ 32,861.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% |
| Reviewer Nadienka Sanz | \$ 32,840.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% |
| Enrollment Specialist Shackera Scott | \$ 32,861.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% |
| Reviewer Christina Lazarre | \$ 30,844.00 | 1.00 | 0.00% | 0.00% | 25.00% | 0.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% |

EXHIBIT B

Budget: Fringe Summary

Fiscal Year October 1, 2015 thru September 30, 20

Agency: **BROWARD REGIONAL HEALTH PLANNII**

| Position Title Staff Name | Projected Annual Fringe for 1 FTE Position | Staff Allocation of Time By FTE | % Salary Billed to HOPWA PHP | | % Salary Billed to HOPWA STRMU | | % Salary Billed to HOPWA TBRV | | | | HOPWA In Kind | % Salary billed to Ryan White | % Salary billed to Remaining Grants | % of Total Fringe Across all programs | Calculations Narrative The purpose of Calculations Narrative Narrative is to provide a detailed explanation of calculations will be on the contract. |
|---|--|---------------------------------|------------------------------|----------------------------------|--------------------------------|-----------------------------------|-------------------------------|------------------------|----------------------------------|------------------------------|---------------|-------------------------------|-------------------------------------|---------------------------------------|---|
| | | | Admin Cost | Operation Service Delivery Costs | Admin Cost | Operations Service Delivery Costs | Admin Costs | Operation Direct Costs | Operation Service Delivery Costs | Support Services Direct Cost | HOPWA In Kind | Ryan White | Other | | |
| Coordinator Tashanie Hamilton | \$ 13,662.45 | 1 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 60.00% | 40.00% | 0.00% | 0.00% | 0.00% | 100% | FICA CALCULATIONS 7.65% x Wages Earned |
| Housing Specialist Angella Robinson | \$ 12,127.18 | 1 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 70.00% | 30.00% | 0.00% | 0.00% | 0.00% | 100% | |
| Housing Specialist Monica Samper | \$ 12,052.04 | 1 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 70.00% | 30.00% | 0.00% | 0.00% | 0.00% | 100% | Workman's Comp Calculations .008 x total gross salaries |
| Accounting Processor Lauren Edmunds | \$ 14,361.00 | 1 | 0.00% | 0.00% | 0.00% | 0.00% | 5.00% | 0.00% | 0.00% | 15.00% | 0.00% | 0.00% | 80.00% | 100% | Unemployment Calculations \$7,000 x FTE x .0346 |
| Manager Administrative Service Yolanda Falcone | \$ 24,643.00 | 1 | 2.00% | 0.00% | 7.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 13.00% | 73.00% | 100% | |
| System Administrator Jonathan Hill | \$ 17,606.00 | 1 | 2.00% | 0.00% | 6.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 28.00% | 59.00% | 100% | Retirement Calculations 5 - 15% x gross salary (rate depends on length of employment) |
| Computer Support Tech Johnny Sokolsky | \$ 10,103.00 | 1 | 3.00% | 0.00% | 5.00% | 0.00% | 5.00% | 0.00% | 0.00% | 0.00% | 0.00% | 21.00% | 66.00% | 100% | |
| Division Director Michele Rosiere | \$ 27,456.00 | 1 | 10.00% | 0.00% | 0.00% | 5.00% | 10.00% | 0.00% | 0.00% | 0.00% | 0.00% | 60.00% | 15.00% | 100% | |
| Accounting Manager Sandy Thompson | \$ 55,516.00 | 1 | 0.00% | 0.00% | 10.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 25.00% | 65.00% | 100% | |
| Coordinator Sharon Alvaranga-Jones | \$ 40,000.00 | 1 | 0.00% | 25.00% | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 100% | |
| AP Processor Cristy Kozla | \$ 40,000.00 | 1 | 0.00% | 3.00% | 0.00% | 25.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 72.00% | 100% | Health/Dental/Vision Care \$485.50 x 12 mos. X FTE |

EXHIBIT B

Budget: Personnel Narrative

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Position Title Staff Name | Personel Budget Narrative | | | |
|---|--|------------------------|---|---|
| | Using the HOWA Cross Walk cost definitions located in the Directions tab, provide a detailed explanation of what the staff's HOPWA job responsibilities are.. | | | |
| | ADMINISTRATION DESCRIPTION | Operations | OPERATION DESCRIPTION | SUPPORT SERVICES DESCRIPTION |
| Admin Cost | Direct Cost | Service Delivery Costs | Direct Costs | |
| Coordinator Tashanie Hamilton-Parker | | | TBRV Staff Supervision. Reviews and approves certifications completed by HS and ensures adherence to HUD guidelines. | Responsible for training and skill development activities to improve client ability to achieve self-sufficiency. |
| Housing Specialist Angella Robinson | | | Qualifying clients for assistance; eligibility and verification of employment/benefits, communication with landlords, tenant rent calculations, annual recertification, and the time and costs spent cutting/mailling/mailling costs to landlords on the client's behalf. | Ongoing housing CM focusing on maintaining housing stability (advocacy, benefits coordination and follow-up including home visits and creation and monitoring housing plans. Staff time with clients for referrals to affordable housing resources, assistance in locating housing units, working with landlords. |
| Housing Specialist Monica Samper | | | See Description Above | See Description Above |
| Accounting Processor Lauren Edmunds | Processes Voucher payments: uploads Coordinator approved Vouch Payment Requests, cuts checks, mails payments, files back-up document. Reconciles PE payments with report of checks cut. | | | |
| Manager Administrative Service Yolanda Falcone | Performs all necessary HR functions including payroll, responsible for all admin policies, insurance etc. | | | |
| System Administrator Jonathan Hill | Manages and supervises the MIS/IT department. | | | |
| Computer Support Tech Johnny Sokolsky | Diagnoses and repairs hardware, performs preventive maintenance and install upgrades, maintains documentation related to warranty, inventory and repair history. | | | |
| Division Director Michele Rosiere | Administers and evaluates operations of complex, multi-disciplinary service delivery systems. Develops and implements strategic plans to improve program and services. Plans and directs activities of subordinate staff and evaluates staff performance. Implements, directs and monitors response procedures and interventions during emergency situations. Develops, evaluates and monitors objectives, program procedures, internal processes and performance appraisal systems as required. | | | |

EXHIBIT B

Budget : Projected TBRV Salaries and Fringe

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Position Title Staff Name | Projected Annual Salary for 1 FTE Position | Staff Allocation of Time By FTE | Projected Annual Salary Billed to TBRV | | | | Projected Annual Salary Billed to TBRV | Projected Annual Fringe for 1 FTE Position | Projected Fringe Billed to HOPWA | | | | Projected Annual Fringed Billed to TBRV |
|---|---|--|---|---------------------------|-------------------------------------|---------------------------------|--|---|----------------------------------|---------------------------|--|------------------------------------|---|
| | | | Admin Costs | Operation Direct Costs | Operation Service Delivery Costs | Support Services Direct Cost | | | TBRV | | | | |
| | | | | | | | | | Admin Costs | Operation Direct Costs | Operation Service Delivery Costs | Support Services Direct Cost | |
| Coordinator Tashanie Hamilton-Parker | \$ 41,350.00 | 1 | \$ - | \$ - | \$ 24,810.00 | \$ 16,540.00 | \$ 41,350.00 | \$ 13,662.45 | \$ - | \$ - | \$ 8,197.47 | \$ 5,464.98 | \$ 13,662.45 |
| Housing Specialist Angella Robinson | \$ 32,840.00 | 1 | \$ - | \$ - | \$ 22,988.00 | \$ 9,852.00 | \$ 32,840.00 | \$ 12,127.18 | \$ - | \$ - | \$ 8,489.03 | \$ 3,638.15 | \$ 12,127.18 |
| Housing Specialist Monica Samper | \$ 32,436.00 | 1 | \$ - | \$ - | \$ 22,705.20 | \$ 9,730.80 | \$ 32,436.00 | \$ 12,052.04 | \$ - | \$ - | \$ 8,436.43 | \$ 3,615.61 | \$ 12,052.04 |
| Accounting Processor Lauren Edmunds | \$ 44,950.00 | 1 | \$ 2,247.50 | \$ - | \$ - | \$ 6,742.50 | \$ 8,990.00 | \$ 14,361.00 | \$ 718.05 | \$ - | \$ - | \$ 2,154.15 | \$ 2,872.20 |
| Manager Administrative Service Yolanda Falcone | \$ 79,210.00 | 1 | \$ 3,960.50 | \$ - | \$ - | \$ - | \$ 3,960.50 | \$ 24,643.00 | \$ 1,232.15 | \$ - | \$ - | \$ - | \$ 1,232.15 |
| System Administrator Jonathan Hill | \$ 62,537.00 | 1 | \$ 3,126.85 | \$ - | \$ - | \$ - | \$ 3,126.85 | \$ 17,606.00 | \$ 880.30 | \$ - | \$ - | \$ - | \$ 880.30 |
| Computer Support Tech Johnny Sokolsky | \$ 30,000.00 | 1 | \$ 1,500.00 | \$ - | \$ - | \$ - | \$ 1,500.00 | \$ 10,103.00 | \$ 505.15 | \$ - | \$ - | \$ - | \$ 505.15 |
| Division Director Michele Rosiere | \$ 91,207.00 | 1 | \$ 9,120.70 | \$ - | \$ - | \$ - | \$ 9,120.70 | \$ 27,456.00 | \$ 2,745.60 | \$ - | \$ - | \$ - | \$ 2,745.60 |
| Insert Job Title Insert Staff (First last) | \$ - | 0 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| SUB-TOTALS | | | \$ 19,955.55 | \$ - | \$ 70,503.20 | \$ 42,865.30 | \$ 133,324.05 | | \$ 6,081.25 | \$ - | \$ 25,122.92 | \$ 14,872.89 | \$ 46,077.07 |

Exhibit B -

Budge - Travel billed to TBRV

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: BROWARD REGIONAL HEALTH

| Item | Breakdown of Expenses | | | Total all | % Charged to HOPWA Calculation Narrative that aligns with the Agency's cost allocation plans |
|--|-----------------------|------------------------|-----------|-----------|--|
| | #REF! | Operations Direct Cost | #REF! | | |
| Insert # of miles and rate to be charged to Admin | \$ - | | | \$ - | |
| Insert # of miles and rate to be charged to Operations | | \$ - | | \$ - | |
| approx 242 miles @ \$.445 | | | \$ 544.00 | \$ 544.00 | |
| Parking Receipts/Tolls | \$ - | \$ - | \$ - | \$ - | |
| Total Travel - Administration | \$ - | | | | |
| Total Travel - Operations | | \$ - | | | |
| Total Travel- Support Services | | | \$ 544.00 | | |
| Total All Supplies | | | | \$ 544.00 | |

If admin staff for a HOPWA admin-related meeting, bill to admin.

If local meetings that relate to administration of the HOPWA program it is billed against admin. If it is a meeting specifically related to a client's TBRA/TBRV, STRMU, PHP then it is

If the non admin staff is doing the travel provide service delivery for client it is Service Delivery of the housing if in regards to PHP, STRMU, TBRA/TBRV.

If travel is part of HOPWA funded case management, it gets billed as service delivery HOPWA Support Services Direct Cost

Rules and regulations require a mileage log for any staff who are paid in full or part with HOPWA funds and the agency required to maintain a mileage log for auditing and monitoring.

Exhibit B -
Budget - Supplies billed to TBRV
 Fiscal Year October 1, 2015 thru September 30, 2016
 Agency: **BROWARD REGIONAL HEALTH**

| Item | Breakdown of Expenses | | | Total all | % Charged to HOPWA Calculation Narrative that aligns with the Agency's cost allocation plans |
|--|-----------------------|------------------------|----------------------------------|-----------|--|
| | Admin Cost | Operations Direct Cost | Operations Service Delivery Cost | | |
| Business Card | | | | \$ - | |
| Computer Supplies (mouse, key boards, software, usb. See equipment list) | | | | \$ - | |
| Day to Day Supplies | | | | \$ - | |
| Flip Chart Paper | | | | \$ - | |
| Marketing Materials for HOPWA Program | | | | \$ - | |
| Postage/Delivery | | | 766.08 | \$ 766.08 | |
| Printer Toner | | | | \$ - | |
| Program Charting and Supplies | | | | \$ - | |
| Xerox Copier and Fax Supplies | | | | \$ - | |
| Xeroxing Printing Cost only | | | | \$ - | |
| Xerox Copier Lease and associated Printing Cost | | | | \$ - | |
| Total Supplies - Administration | \$ - | | | | |
| Total Supplies - Operations | | \$ - | | | |
| Total Supplies- Support Services | | | \$ 766.08 | | |
| Total All Supplies | | | | \$ 766.08 | |

Exhibit B -

Budget -Equipment Purchased Using Agency Leverage Funding not HOPWA Funding

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Item | Agency Leveraged funding | Total all |
|--|--------------------------|-----------|
| Appliance: AC Units | | \$ - |
| Appliance: Microwave | | \$ - |
| Appliance: Other | | \$ - |
| Appliance: Refrigerator | | \$ - |
| Appliance: Stove/Oven | | \$ - |
| Appliance: Dishwasher | | \$ - |
| Appliances: Dryer | | \$ - |
| Appliances: Washer | | \$ - |
| Back up External Drives | | \$ - |
| Bed Frames | | \$ - |
| Camera | | \$ - |
| Cell Phone and Equipment | | \$ - |
| Computer Battery Back Up | | \$ - |
| Computer CPU | | \$ - |
| Computer Monitor | | \$ - |
| Computer Set (monitor, key board and CPU) | | \$ - |
| Computer Software | | \$ - |
| File Cabinets: Lateral | | \$ - |
| File Cabinets: Non-Lateral | | \$ - |
| Furniture FAC only | | \$ - |
| Furniture Non-FAC | | \$ - |
| Laptop/Notebook | | \$ - |
| LCD Projectors | | \$ - |
| Maintenance Equipment for Owned Properties | | \$ - |
| Mattresses FAC | | \$ - |
| Phone Systems | | \$ - |
| Printer/Scanner Fax Machine | | \$ - |
| Routers | | \$ - |
| Security (Only hardware and labor) | | \$ - |
| Tablets | | \$ - |
| Total Equipment - Administration | | |
| Total Equipment - Operations | | |
| Total Equipment- Support Services | \$ - | |
| Total All Supplies | | \$ - |

**Exhibit B -
Budget -Program/Services for TBRV**

Fiscal Year October 1, 2015 thru September 30, 2016

Agency: **BROWARD REGIONAL HEALTH PLANNING COUNCIL**

| Proposed Services (Complete only if Project Based, PHP, STRMU, or TBRV. Do not combine programs. Only enter the program to be funded.) | Number of Unduplicated Clients - Served Monthly | Number of Unduplicated Clients Served Annually | Projected Monthly Expense | Client Program Subsidy Cost As Listed in RFP |
|---|--|---|----------------------------------|---|
| TBRV Fair Market Rents | 133 | 133 | \$ 95,833.33 | \$ 1,150,000.00 |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| | | | \$ - | \$ - |
| Total | 133 | 133 | \$ 95,833.33 | \$ 1,150,000.00 |

EXHIBIT B**TBRV**

Line Item Budget Summary

12 Month Summary

BROWARD REGIONAL HEALTH PLANNING COUNCIL

Fiscal Year October 1, 2015 thru September 30, 2016

Requested Amount **\$ 1,369,515.00**

| CATEGORY | Monthly Costs | Annual Costs |
|---|----------------------|---------------------|
| Programs/Service (Facility Based, PB, PHP or STRMU or TBRV) | \$ 95,833.33 | \$ 1,150,000.00 |
| Non Admin Personnel | \$ 11,110.34 | \$ 133,324.05 |
| Non Admin Fringe Benefits | \$ 3,839.76 | \$ 46,077.07 |
| Non Admin Travel | \$ 45.33 | \$ 544.00 |
| Non Admin Supplies | \$ 63.84 | \$ 766.08 |
| Non Admin Other Cost | \$ 565.00 | \$ 6,780.00 |
| Total HOPWA Administrative Costs (the sum up admin cost for :salaries, fringe, travel, supplies and other) | \$ 2,668.65 | \$ 32,023.80 |
| Total All Categories (Program Non Admin and Administration) | \$ 114,126.25 | \$ 1,369,515.00 |

Congratulations! Your requested HOPWA Administrative costs do not exceed the allowable 7% of the total program cost.

Tab 23 - Part V Exhibit B Cost Proposal by Program Type Documents
E. Support Service Non-Housing Subsidy Case Management

Not Applicable No Material

Tab 24 - Part V Exhibit B Cost Proposal by Program Type Documents
F. Support Service Non-Housing Subsidy Legal Service

Not Applicable No Material

FILED
OCT 6 9 07 AM '82
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.
(a Corporation not for profit)

We, the undersigned, with other persons being desirous of forming a corporation for charitable and philanthropic purposes, under the provisions of Chapter 617 of the Florida statutes, do agree to the following:

ARTICLE I. NAME

The name of this corporation is "Broward Regional Health Planning Council, Inc."

ARTICLE II. PURPOSES

The general nature of the purposes of this corporation shall be:
To develop a district plan for the Florida Department of Health and Rehabilitative Services, District X, using any uniform methodology and general guidelines set forth by the Department of HRS which will allow the Council to develop goals and criteria based upon its own unique local health needs, and to update this district plan at least annually; to assist the Department of Health and Rehabilitative Services in the conduct of public hearings as requested by the Department in accordance with Section 381.494 (6) (b) 1, Florida Statutes, and rules and regulations thereunder; to enter into written cooperative agreements with the appropriate Health and Rehabilitative Services District Office, Mental Health Board, and Areawide Agency on Aging serving District X; to stimulate the development of cooperative arrangements between the Health Manpower Training efforts of educational institutions and service institutions with the Health Manpower and Recruitment efforts in medically underserved communities which may exist in the service district; to identify and encourage community resources and mechanisms to facilitate consumer choice and free market competition in health care; to advise the local District Administrator of the Department of Health and Rehabilitative

Services on any health care resource allocations, particularly federal block grant funds, and to work with the District Administrator, District Mental Health Board and the Areawide Agency on Aging in developing and carrying out a health resources allocation plan; to implement activities to increase public awareness of community health needs and emphasize the advantages of preventive health activities and cost effective health service selection; to assist the Department in carrying out data collection activities that relate to the functions as set forth in Sections 381.493 - 381.499, Florida Statutes, and the rules and regulations of the Department of Health and Rehabilitative Services as promulgated thereunder.

ARTICLE III QUALIFICATIONS OF MEMBERS

The membership of this Corporation shall constitute all persons herein-after named as subscribers, and such other persons as, from time to time hereafter, may become members in the manner provided in the Bylaws.

ARTICLE IV TERM OF EXISTENCE

This Corporation is to exist perpetually.

ARTICLE V SUBSCRIBERS

The names and residences of the subscribers to these Articles are:

| <u>NAME</u> | <u>RESIDENCE</u> |
|-------------------|---|
| Austin Tupler | 6570 S.W. 47th Court, Davie, Florida 33314 |
| Anthony Kraye | Suite 2102, One Financial Plaza, Ft. Lauderdale, FL 33316 |
| Stanley Margulies | 3501 Johnson Street, Hollywood, Florida 33021 |

ARTICLE VI OFFICERS

Section 1. The officers of the corporation shall be a president, secretary and such other officers as may be provided in the Bylaws.

Section 2. The names of the persons who are to serve as officers of the corporation until the first meeting of the Board of Directors are:

| <u>OFFICE</u> | <u>NAME</u> |
|------------------|--------------------------|
| <u>President</u> | <u>Anthony Krayner</u> |
| <u>Secretary</u> | <u>Stanley Margulies</u> |

Section 3. The officers shall be elected at the annual meeting of the Board of Directors or as provided in the Bylaws.

ARTICLE VII BOARD OF DIRECTORS

Section 1. The business affairs of this corporation shall be managed by the Board of Directors. This corporation shall have twelve directors initially. The number of directors may be increased or decreased from time to time by the Bylaws, but shall never be less than three (3).

Section 2. The Board of Directors shall be members of the corporation.

Section 3. Members of the Board of Directors shall be elected and hold office in accordance with the Bylaws.

Section 4. The names and addresses of the persons who are to serve as Directors for the ensuing year are as follows:

| <u>NAME</u> | <u>ADDRESS</u> |
|-------------------------|---|
| Ralph Marrinson | 1701 N.E. 26 Street, Ft. Lauderdale, FL 33305 |
| Robert Perraud, D.O. | 6001 Almond Terrace, Plantation, FL 33317 |
| Ken Cohen | 3501 Johnson Street, Hollywood, FL 33021 |
| Bernie Welch | 1625 S.E. Third Avenue, Ft. Lauderdale, FL 33316 |
| Stanley Margulies, M.D. | 3501 Johnson Street, Hollywood, FL 33021 |
| Anthony Krayner | Suite 2102, One Financial Plaza, Ft. Laud. FL 33394 |
| Thomas Anthony | 5100 N. Federal Highway, Ft. Lauderdale, FL 33308 |
| Lawrence Lerner | 1950 S. Ocean Blvd. Hallandale, FL 33309 |
| Austin Tupler | 6570 S.W. 47th Court, Davie, FL 33314 |
| Harriet Engel | 3051 N.W. 46th Avenue, Lauderdale Lakes, FL 33319 |
| Sidney Permisson | 9500 N.W. 25th Court, Sunrise, FL 33322 |

ARTICLE VIII BYLAWS

Section 1. The Board of Directors of this corporation may provide such Bylaws for the conduct of its business and the carrying out of its purposes as they may deem necessary from time to time.

Section 2. Under proper notice the Bylaws may be amended, altered or rescinded by majority vote of those members of the Board of Directors present at any regular meeting or any special meeting called for that purpose.

ARTICLE IX AMENDMENTS

Section 1. These Articles of Incorporation may be amended at a special meeting of the membership called for that purpose, by a majority vote of those present.

Section 2. Amendments may also be made at a regular meeting of the membership upon notice given, as provided by the Bylaws, of intention to submit such amendments.

ARTICLE X LOCATION

The location of this corporation initially shall be at 221 West Oakland Park Boulevard, Second floor, Fort Lauderdale, Florida 33311.

ARTICLE XI NON PROFIT STATUS

Section 1. No part of the net earning shall inure to the benefit of any individual member.

Section 2. Upon dissolution of the corporation, all of its assets remaining after payment of all costs and expenses of such dissolution shall be distributed to organizations which have qualified for exemption under Section 501 (c) (3) in the Internal Revenue Code, or to the federal government, or to a state or local government, for a public purpose, and none of the assets will be distributed to any member, officer or trustee of this organization at any time.

Section 3. In order to promote the purpose of this corporation, it may acquire property by grant, gift, purchase, devise or bequest, and hold and dispose of such property as the corporation shall require for the benefit of the members and not for pecuniary profit.

Section 4. Notwithstanding any other provision of these Articles, this corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal tax under Section 501 (c) (3) of the Internal Revenue Code of 1954.

ARTICLE XII MEETINGS

Section 1. The annual meeting of the corporation will be held as provided in the Bylaws.

Section 2. The corporation may provide in its Bylaws for the holding of additional meetings and any special meetings, and shall provide notice of all such meetings.

Section 3. A majority of the members shall constitute a quorum for the holding of any meeting of the organization or the Board of Directors.

IN WITNESS WHEREOF, we, the undersigned subscribing incorporators, have hereandto set our hands and seals, this 31ST of September, 1982, for the purpose of forming this corporation not for profit under the laws of the State of Florida.

Art St. Louis
Anthony C. Krayer
A. L. Mergules

State of Florida, County of Broward

Before me come a notary public duly authorized in the state and county named above to take acknowledgements, personally appeared

to me known to be the persons described as subscribers and who executed the forgoing Articles of Incorporation, and they acknowledged before me that they execute and subscribe to these Articles of Incorporation.

Witness my hand in official Seal in the County and State named above. This 31ST day of September, 1982.

Notary Public, State of Florida at Large
My Commission Expires Sept. 15, 1984
Bonded thru Troy Fair Insurance Inc.

Harold M. English
NOTARY PUBLIC

My commission expires: _____

FILED
Oct 6 9 07 AM '82
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIDENT AGENT

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC., a Florida corporation not for profit, whose principal place of business is 221 West Oakland Park Boulevard, Fort Lauderdale, Florida, County of Broward hereby designates Clifford Anderson as Resident Agent and whose address is 221 West Oakland Park Boulevard, Fort Lauderdale, Florida, 33311, County of Broward, at which location Service of Process may be served.

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

By:

Anthony Krayer
Anthony Krayer, President

C. F. Anderson, Jr.
Clifford Anderson, Resident Agent

[View assistance for Advanced Search - Exclusion](#)

Advanced Search - Exclusion

Single Search

| | | | |
|-------------------|-----------------------------------|-------------|-----------------------------------|
| Classification | Firm | | |
| Name | <input type="text"/> | | |
| First Name | <input type="text"/> | Middle Name | <input type="text"/> |
| DUNS | 101941052 | | |
| CAGE | 3Q5A8 | | |
| City | <input type="text"/> | | |
| State/Province | FLORIDA | | |
| Zip Code | 33020 | | |
| Country | UNITED STATES | | |
| Agency | All | | |
| Exclusion Status | All | | |
| Exclusion Type | All | | |
| Exclusion Program | All | | |
| Active Date | <input type="text"/> (yyyy/mm/dd) | To | <input type="text"/> (yyyy/mm/dd) |
| Termination Date | <input type="text"/> (yyyy/mm/dd) | To | <input type="text"/> (yyyy/mm/dd) |
| Create Date | <input type="text"/> (yyyy/mm/dd) | To | <input type="text"/> (yyyy/mm/dd) |
| Modify Date | <input type="text"/> (yyyy/mm/dd) | To | <input type="text"/> (yyyy/mm/dd) |

Selecting "All" displays both Active and Inactive Exclusions.

You may only perform a search with the criteria contained in one accordion.

Multiple Names

SSN/TIN

SAM | System for Award Management 1.0

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Search Results

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.
No records found for current search.

Glossary

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Entity

Exclusion

Search Filters

By Record Status

By Functional Area - Entity Management

By Functional Area - Performance Information

SAM | System for Award Management 1.0

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USER NAME PASSWORD

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Entity Dashboard

- [Entity Summary](#)
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- [Active Exclusions](#)
- [Inactive Exclusions](#)
- [Excluded Family Members](#)

[RETURN TO SEARCH](#)

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

DUNS: 101941052 CAGE Code: 3QSA8

Status: Active

200A OAKWOOD LN
HOLLYWOOD, FL, 33020-1929 ,
UNITED STATES

Expiration Date: 07/31/2015
Purpose of Registration: All Awards

Entity Overview

Entity Information

Name: BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.
Business Type: Business or Organization
POC Name: Yolanda Falcone
Registration Status: Active
Activation Date: 07/31/2014
Expiration Date: 07/31/2015

Exclusions

Active Exclusion Records? No

SAM | System for Award Management 1.0

IBM v1.P.27.20150327-1711

WWW9

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CINCINNATI OH 45999-0038

In reply refer to: 0248219434
May 01, 2015 LTR 4168C 0
59-2274772 000000 00
00020794
BODC: TE

BROWARD REGIONAL HEALTH PLANNING
COUNCIL INC
200 OAKWOOD LANE SUITE 100
HOLLYWOOD FL 33020-1929

011837

Employer Identification Number: 59-2274772
Person to Contact: Ms. Benson
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Apr. 22, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 1983.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

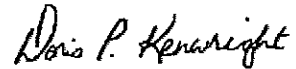
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248219434
May 01, 2015 LTR 4168C 0
59-2274772 000000 00
00020795

BROWARD REGIONAL HEALTH PLANNING
COUNCIL INC
200 OAKWOOD LANE SUITE 100
HOLLYWOOD FL 33020-1929

If you have any questions, please call us at the telephone number
shown in the heading of this letter.

Sincerely yours,



Doris Kenwright, Operation Mgr.
Accounts Management Operations I

**BROWARD REGIONAL HEALTH
PLANNING COUNCIL, INC.**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

Year Ended June 30, 2014

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MOORE STEPHENS
LOVELACE, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Board of Directors of
Broward Regional Health Planning Council, Inc.
Hollywood, Florida

Report on the Financial Statements

We have audited the accompanying financial statements of Broward Regional Health Planning Council, Inc., which comprise the statement of financial position as of June 30, 2014, and the related statement of activities, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

To the Board of Directors of
Broward Regional Health Planning Council, Inc.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Broward Regional Health Planning Council, Inc. as of June 30, 2014, and the related statement of activities, cash flows, and functional expenses for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 6, 2014, on our consideration of Broward Regional Health Planning Council, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Broward Regional Health Planning Council, Inc.'s internal control over financial reporting and compliance.

Moore Stephens Lovelace, P.A.

MOORE STEPHENS LOVELACE, P.A.
Certified Public Accountants

Miami, Florida
October 6, 2014

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

STATEMENT OF FINANCIAL POSITION

June 30, 2014

ASSETS

| | |
|--|---------------------|
| CURRENT ASSETS | |
| Cash | \$ 2,745,490 |
| Contracts receivable | 2,220,423 |
| Certificates of deposit | 500,000 |
| | <hr/> |
| TOTAL CURRENT ASSETS | 5,465,913 |
| LEASEHOLD IMPROVEMENTS, FURNITURE, AND EQUIPMENT | 1,618,795 |
| Less accumulated depreciation and amortization | (1,087,536) |
| | <hr/> |
| | 531,259 |
| SECURITY DEPOSITS | 11,406 |
| | <hr/> |
| TOTAL ASSETS | <u>\$ 6,008,578</u> |

LIABILITIES AND NET ASSETS

| | |
|--|---------------------|
| CURRENT LIABILITIES | |
| Accounts payable and accrued expenses | \$ 459,909 |
| Accrued salaries and related expenses | 115,477 |
| Accrued annual leave | 151,072 |
| Deferred revenue | 746,633 |
| Deferred lease incentive | 133,286 |
| | <hr/> |
| TOTAL CURRENT LIABILITIES | 1,606,377 |
| COMMITMENTS AND CONTINGENCIES | |
| DEFERRED LEASE INCENTIVE, net of current portion | 191,108 |
| | <hr/> |
| TOTAL LIABILITIES | 1,797,485 |
| NET ASSETS - UNRESTRICTED | 4,211,093 |
| | <hr/> |
| TOTAL LIABILITIES AND NET ASSETS | <u>\$ 6,008,578</u> |

The accompanying notes are an integral part of the financial statements.

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

STATEMENT OF ACTIVITIES

Year Ended June 30, 2014

| | |
|--|------------------------|
| REVENUES | |
| Contract Revenue | \$ 11,243,747 |
| Program Income | 234,575 |
| Contributions and Interest Income | <u>1,374</u> |
| | |
| | TOTAL REVENUES |
| | 11,479,696 |
| EXPENSES | |
| Program Expenses | |
| Community Services | 3,627,731 |
| Community Assistance | 3,227,671 |
| Transforming Our Community's Health Initiative | 1,825,971 |
| Health Planning | <u>1,659,830</u> |
| | |
| | TOTAL PROGRAM EXPENSES |
| | 10,341,203 |
| | |
| Administrative and General | <u>644,820</u> |
| | |
| | TOTAL EXPENSES |
| | <u>10,986,023</u> |
| CHANGE IN NET ASSETS | 493,673 |
| NET ASSETS - UNRESTRICTED - BEGINNING OF YEAR | <u>3,717,420</u> |
| NET ASSETS - UNRESTRICTED - END OF YEAR | <u>\$ 4,211,093</u> |

The accompanying notes are an integral part of the financial statements.

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

STATEMENT OF CASH FLOWS

Year Ended June 30, 2014

CASH FLOWS FROM OPERATING ACTIVITIES

| | |
|---|----------------|
| Change in net assets | \$ 493,673 |
| Adjustments to reconcile change in net assets to cash provided by operating activities: | |
| Depreciation and amortization | 202,259 |
| Amortization of deferred lease incentive | (131,000) |
| Changes in operating assets and liabilities: | |
| Contracts receivable | (384,712) |
| Prepaid expenses | 375 |
| Security deposits | 2,616 |
| Accounts payable and accrued expenses | (66,616) |
| Accrued salaries and related expenses | (18,204) |
| Accrued annual leave | (2,754) |
| Deferred revenue | 453,867 |
| NET CASH PROVIDED BY OPERATING ACTIVITIES | <u>549,504</u> |

CASH FLOWS USED IN INVESTING ACTIVITIES

| | |
|---|------------------|
| Purchase of leasehold improvements, furniture and equipment | (24,175) |
| Investment in certificates of deposit | (500,000) |
| NET CASH USED IN INVESTING ACTIVITIES | <u>(524,175)</u> |

NET INCREASE IN CASH 25,329

| | |
|--------------------------|----------------------------|
| CASH - BEGINNING OF YEAR | <u>2,720,161</u> |
| CASH - END OF YEAR | <u><u>\$ 2,745,490</u></u> |

The accompanying notes are an integral part of the financial statements.

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.
STATEMENT OF FUNCTIONAL EXPENSES
Year Ended June 30, 2014

| | Community Services | Community Assistance | Transforming Our Community's Health Initiative | Health Planning | Administrative and General | Total Expenses |
|---|-----------------------|-------------------------|--|---------------------|-------------------------------|----------------------|
| SALARIES AND RELATED EXPENSES | | | | | | |
| Salaries | \$ 1,681,387 | \$ 630,650 | \$ 240,163 | \$ 875,252 | \$ 124,308 | \$ 3,551,760 |
| Payroll taxes and fringe benefits | 544,059 | 195,453 | 56,729 | 245,892 | 22,062 | 1,064,195 |
| TOTAL SALARIES AND RELATED EXPENSES | 2,225,446 | 826,103 | 296,892 | 1,121,144 | 146,370 | 4,615,955 |
| OTHER EXPENSES | | | | | | |
| Travel | 76,525 | 19,462 | 17,716 | 7,127 | 15,938 | 136,768 |
| Occupancy costs | 38,944 | 19,255 | 6,327 | 22,489 | 13,187 | 100,202 |
| Utilities | 39,468 | 9,423 | 1,984 | 28,036 | 23,570 | 102,481 |
| Supplies | 11,888 | 22,135 | 2,050 | 23,897 | 8,548 | 68,518 |
| Postage | 955 | 222 | 140 | 2,176 | 6,826 | 10,319 |
| Printing | 22,145 | 12,876 | 19,126 | 45,551 | 9,542 | 109,240 |
| Professional fees | 14,128 | 5,198 | 208 | - | 13,581 | 33,115 |
| Equipment rental and maintenance | - | - | - | 13,481 | 31,510 | 44,991 |
| Insurance | 14,467 | 7,119 | 471 | 4,713 | 3,260 | 30,030 |
| Advertising | - | 500 | 802 | 1,631 | 5,115 | 8,048 |
| Subscriptions | 28,066 | - | 200 | - | 7,019 | 35,285 |
| Client assistance and related incidentals | 35,569 | 2,213,882 | 625 | 17,681 | 1,877 | 2,269,634 |
| Subcontracted services | 1,057,703 | 60,027 | 1,442,787 | 231,876 | 13,381 | 2,805,774 |
| Conference and training | 37,439 | 683 | 1,560 | 295 | 7,222 | 47,199 |
| Consulting | 9,316 | 18,136 | 1,970 | 119,963 | 22,478 | 171,863 |
| Minor property and equipment | 4,025 | 3,701 | 1,506 | 10,259 | 67,026 | 86,517 |
| Employee screening | 1,066 | 291 | 243 | 588 | 35,036 | 37,224 |
| Information system fees | 2,400 | 500 | - | - | 9,099 | 11,999 |
| Miscellaneous | 6,888 | 7,558 | 30,830 | 7,634 | 5,692 | 58,602 |
| TOTAL OTHER EXPENSES | 1,400,992 | 2,400,968 | 1,528,545 | 537,397 | 299,907 | 6,167,809 |
| TOTAL EXPENSES BEFORE DEPRECIATION AND AMORTIZATION | 3,626,438 | 3,227,071 | 1,825,437 | 1,658,541 | 446,277 | 10,783,764 |
| DEPRECIATION AND AMORTIZATION EXPENSE | 1,293 | 600 | 534 | 1,289 | 198,543 | 202,259 |
| TOTAL EXPENSES INCLUDING DEPRECIATION AND AMORTIZATION | \$ 3,627,731 | \$ 3,227,671 | \$ 1,825,971 | \$ 1,659,830 | \$ 644,820 | \$ 10,986,023 |

The accompanying notes are an integral part of the financial statements.

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

NOTES TO FINANCIAL STATEMENTS

Year Ended June 30, 2014

NOTE 1 - NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Organization

Broward Regional Health Planning Council, Inc. (the "Council") is a not-for-profit organization located in Hollywood, Florida, and is responsible for the development of the local health plan and for providing statistical data on the health care environment in Broward County, Florida. It is also responsible for a number of legislatively mandated duties, such as assisting the Agency for Health Care Administration in conducting public hearings, as well as entering into cooperative agreements with appropriate area health agencies. In addition, the Council pursues planning, coordinating, evaluating, capacity building, technical assistance, and service activities in furtherance of its mission and to support its sustainability and growth. The Council's programs include:

Health Planning – The Council provides planning tools and services that promote public awareness of community health needs. Through planning activities, the Council collects data and conducts analyses and studies related to health care needs of Broward County, including the needs of medically indigent persons. Planning services also assist hospitals, community agencies and other state agencies in carrying out data collection activities. The Council works with local agencies to identify health needs of the community, and provides support in federal grant applications for service categories including, chronic diseases, pharmaceutical assistance, outpatient/ambulatory health services, oral health care, medical case management, eligibility and the medical outcome study.

Community Services – The Council's direct service programs target Broward County's most vulnerable residents from infants to seniors. Services aim to: increase healthy pregnancy outcomes and healthy child development through home visitation and family strengthening activities; train individuals who are incompetent to proceed in court; and educate seniors in disease self-management. Other services include eligibility determination for vulnerable individuals, and health insurance education and enrollment assistance to residents of Broward County.

NOTE 1 - NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Community Assistance – The Council provides housing assistance and support services for low-income clients to prevent and reduce the risk of homelessness. These services target vulnerable populations including, but not limited to, individuals with lifelong illnesses, veterans, and low income families with minor children. The aim is to prevent Broward County residents from becoming homeless or to help those who are experiencing homelessness to be quickly re-housed and stabilized.

Transforming Our Community’s Health Initiative (TOUCH) – This is a collaborative effort program involving more than thirty community organizations and coalitions that work together to support efforts to reduce health disparities and improve the health and well-being of the residents of Broward County.

Administrative Services – The Council developed the Health Data Warehouse, a web-based analytic engine that provides geographically specific analysis functionality by Local Health Planning Council Districts and 67 counties. Live Scan Fingerprinting for Level II Background Screening is offered to the public. This technology allows for electronic submission of fingerprint screens. The Council’s fingerprinting clientele include hospital employees, guardian ad litem programs, doctors’ offices, non-profit and social service agencies, and colleges and universities. The expenses associated with these efforts are presented within Administrative and General within the Statement of Functional Expenses.

Following is a summary of the more significant accounting policies followed by the Council in the preparation of its financial statements.

Certificates of Deposit

Certificates of deposit held for investment that are not debt securities are included as certificates of deposit on the statement of financial position. Certificates of deposit with original maturities greater than three months and remaining maturities less than one year are classified as current. Certificates of deposit with remaining maturities greater than one year are classified as long-term. Certificates of deposit are valued based on their original cost plus accrued interest, which approximates their fair value, based on their liquid nature and short-term maturities.

Leasehold Improvements, Furniture, and Equipment

Leasehold improvements, furniture, and equipment are recorded at cost. Provisions for depreciation and amortization are computed using the straight-line method and are calculated over the shorter of the estimated useful lives of the various classes of assets or lease terms, ranging from three to five years.

It is the Council’s policy to capitalize leasehold improvements, furniture, and equipment over \$1,000. Lesser amounts are expensed as incurred.

NOTE 1 - NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Contract Receivable/Revenue

Contract revenue is recognized when an allowable cost is incurred or the unit of service has been performed as defined by the individual contracts. Contract revenue received in advance is deferred until an allowable cost is incurred or the unit of service has been performed. Contracts receivable at year end represents costs incurred or services performed, which have not yet been reimbursed by the granting agency.

Income Taxes

The Council is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision or liability for income taxes has been reflected in the financial statements.

As of June 30, 2014, with few exceptions, the Council is no longer subject to examination by federal taxing authorities for any tax years prior to 2011.

Contributions

Contributions and donations are considered to be available for unrestricted use unless specifically restricted by the donor.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures contained in the financial statements. Actual results could differ from those estimates.

Subsequent Events

The Council's management has evaluated subsequent events for recognition and disclosure through October 6, 2014, which is the date the financial statements are available to be issued.

NOTE 2 - SUBCONTRACTED SERVICES

The Council's fiscal budget includes funding and budget costs designated for the use of subcontractors. Included in the costs budgeted for subcontractors are the related costs of the subcontractors and care coordinators such as office rent, administrative, telephone, travel, salaries and fringe benefits, printing, maintenance, project, and other costs. The majority of these costs are not the direct costs of the Council and have not been budgeted as such.

NOTE 3 - PENSION PLAN

The Council has a defined contribution pension plan (the “Plan”) for the benefit of its employees. All full-time employees are eligible for the Plan after they have completed one year of employment. The Council funds the Plan by making monthly contributions equivalent to up to fifteen percent of the participant's compensation subject to Internal Revenue Service limitations. Pension plan expense was approximately \$236,000 for the year ended June 30, 2014.

NOTE 4 - LEASEHOLD IMPROVEMENTS, FURNITURE, AND EQUIPMENT

Leasehold improvements, and furniture and equipment are comprised of the following at June 30, 2014:

| | |
|--|-------------|
| Furniture and equipment | \$ 913,309 |
| Leasehold improvements | 705,486 |
| | <hr/> |
| | 1,618,795 |
| Less accumulated depreciation and amortization | (1,087,536) |
| | <hr/> |
| Leasehold improvements, furniture, and equipment – net | \$ 531,259 |

The depreciation and amortization expense for the year ended June 30, 2014, approximated \$202,000.

NOTE 5 - EQUIPMENT FUNDED UNDER CONTRACTS

Certain equipment was acquired with funds received under contracts with various state and local governments. The Council retains the use of these assets as long as they are used in carrying out the service for which the original contract was intended. The Council expects to continue using the assets for their designated purpose and retain the right to the continued use of these assets in the future. The assets acquired under contracts with state and local governments have a net book value of approximately \$17,000 at June 30, 2014.

NOTE 6 - ECONOMIC DEPENDENCE

The Council provides its program services with funds received from federal, state, and local sources. A significant reduction in the level of this funding, if this were to occur, could have a significant negative effect on the Council's programs and activities. Revenues received from federal, state, and local government sources represent 88% of the Council's revenues for the year ended June 30, 2014.

NOTE 7 - COMMITMENT AND CONTINGENCIES

Credit Risk

Financial instruments which potentially subject the Council to concentrations of credit risk consist principally of cash, certificates of deposit, and contracts receivable. All cash and certificates of deposit are deposited in federally insured financial institutions. The Council maintains its cash primarily in bank deposit accounts which, at times, exceed federally insured limits. However, since the Council received a public fund designation, all cash deposits are guaranteed. The Council has not experienced any losses in such accounts. Management does not believe it is exposed to any significant credit risk on cash. Management believes the concentrations of credit risk with respect to contracts receivable is mitigated by the taxing authority of the governmental entities funding the programs.

Leases

The Council leases its office space with a monthly lease payment of approximately \$20,000. The lease agreement is for a five-year minimum lease term expiring in November 2016, with an option for the Council to renew for three additional five-year terms. Occupancy costs were approximately \$231,000 for the year ended June 30, 2014.

A provision in the lease agreement allowed for the Council to receive proceeds to cover the costs incurred for leasehold improvements made to the lease space. In accordance with this provision, the Council received approximately \$589,000 from the landlord in July 2013 and is recorded as a deferred lease incentive in the statement of financial position. The deferred lease incentive is being amortized on a straight-line basis over the initial term of the lease. Amortization of the deferred lease incentive was approximately \$131,000 during the year ended June 30, 2014, and is recorded as an offset to occupancy costs in the statement of functional expenses. As of June 30, 2014, the deferred lease incentive has an unamortized balance of approximately \$324,000.

The future minimum lease payments as of June 30, 2014, approximate the following:

| <u>Year Ending June 30,</u> | <u>Amount</u> |
|---------------------------------|-------------------|
| 2015 | \$ 241,000 |
| 2016 | 242,000 |
| 2017 | 101,000 |
| | <u>\$ 584,000</u> |

SUPPLEMENTAL INFORMATION



MOORE STEPHENS
LOVELACE, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
ON SUPPLEMENTAL INFORMATION

To the Board of Directors of
Broward Regional Health Planning Council, Inc.
Hollywood, Florida

We have audited the financial statements of Broward Regional Health Planning Council, Inc. as of and for the year ended June 30, 2014, and have issued our report thereon dated October 6, 2014, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental financial information included on pages 13 through 17, as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Government, and Non-Profit Organizations*, and Chapter 10.650, the Rules of the Auditor, are presented for the purpose of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.

Moore Stephens Lovelace, P.A.

MOORE STEPHENS LOVELACE, P.A.

Certified Public Accountants

Miami, Florida
October 6, 2014

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

SCHEDULE OF CONTRACT REVENUE

Year Ended June 30, 2014

| <u>Funding Agency</u> | <u>Contract Number/CFDA Number CSFA Number/Program Name</u> | <u>Contract Period</u> | <u>Contract Amount</u> | <u>Total Revenue 2014</u> |
|--|---|----------------------------|----------------------------|-----------------------------------|
| Contract Revenue - Governmental Agencies | | | | |
| Ounce of Prevention Fund of Florida | HF13-14-10/93.558- Healthy Families Florida Subcontract | 7/1/13-6/30/14 | \$ 418,200 | \$ 418,200 |
| Children's Services Council of Broward County | 12-2566 - Healthy Families Broward | 10/1/13-9/30/14 | 1,950,800 | 1,809,888 |
| Broward Behavioral Health Coalition Substance Abuse, and Mental Health | 343BBHC10/93.958/93.959/60.114 | 7/1/13-6/30/14 | 1,200,266 | 1,197,660 |
| Broward County - Ryan White | 11-CPHCS 8128RW/93.914 Title I - Council Support | 3/1/13-2/28/14 | 292,227 | 277,875 |
| | 11-CPHCS 8128RW/93.914 Title I - Needs Assessment | 3/1/13-2/28/14 | 35,004 | 35,004 |
| | 11-CPHCS 8128RW/93.914 Title I - CQA | 3/1/13-2/28/14 | 375,997 | 353,666 |
| | 10 HCS/MAIHCS 8129RW CIED Eligibility | 3/1/13-2/28/14 | 760,817 | 760,817 |
| State of Florida Department of Health | CORCV-R2/64.032 Local Health Planning | 7/1/13-6/30/14 | 90,909 | 90,909 |
| Broward County Trauma Management | G0869707A - Trauma Planning | 10/1/13-9/30/14 | 13,000 | 11,917 |
| Broward County | 13-CP-HCS-8492-LM - Local Match | 10/1/12-9/30/13 | 206,106 | 147,867 |
| | 14-CP-HCS-8492-LM - Local Match | 10/1/13-9/30/14 | 206,106 | 206,106 |
| Broward County | 14-CP-HIP-8128-2 | 10/1/13-9/30/14 | 88,655 | 85,817 |
| City of Fort Lauderdale | HP 142124-26 HP 14213-26 HP 142125-26 14.241/HOPWA: PHP/STRMU/TBRV | 10/1/13-9/30/14 | 2,763,096 | 2,763,096 |
| Fed Ctr for Disease Control (CDC) | 1U58DP003661-02/93.531 | 10/1/13-9/30/14 | 1,834,581 | 1,834,581 |
| USDA Agriculture Marketing | 12-25-G-1545/10.168 | 10/1/12-3/31/14 | 89,736 | 58,988 |
| Sub-total (continued on page 14) | | | | \$ 10,052,391 |

See Report of Independent Certified Public Accountants on Supplemental Information.

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

SCHEDULE OF CONTRACT REVENUE (Continued)

Year Ended June 30, 2014

| <u>Funding Agency</u> | <u>Contract Number/CFDA Number CSFA Number/Program Name</u> | <u>Contract Period</u> | <u>Contract Amount</u> | <u>Total Revenue 2014</u> |
|---------------------------------------|---|----------------------------|----------------------------|-----------------------------------|
| <u>Contract Revenue - Other</u> | | | | |
| The Jim Moran Foundation | Housing Stability Program | 9/1/13-8/31/14 | \$ 550,000 | \$ 368,097 |
| Workforce 1 | 51-OJ1-11 | 1/24/12-6/30/13 | 6,000 | 974 |
| United Way | Healthy Families Broward | 7/1/13-6/30/14 | 40,000 | 40,000 |
| United Way | SSVF - Veterans Rehousing | 10/1/13-9/30/14 | 273,152 | 165,526 |
| Community Foundation of Broward | Lead Agency for HIV Impact | 3/31/14-6/30/15 | 150,000 | 65,063 |
| Health Foundation of South Florida | 2031-22 HARC | 1/1/14-12/31/14 | 25,000 | 25,000 |
| | 2020-89 Matter of Balance | 2/15/13-2/14/14 | 32,800 | 21,201 |
| | 2029-13 Electronic Health Records | 3/1/14-2/28/15 | 39,995 | - |
| Robert Wood Johnson | Certified Application Counselors (CAC) | 11/15/13-11/14/14 | 440,000 | 239,763 |
| Florida Associations of Healthy Start | FL MIECHV #13-3/93.505 | 10/1/13-9/30/14 | 500,000 | <u>265,732</u> |
| TOTAL CONTRACT REVENUE | | | | <u>\$ 11,243,747</u> |

See Report of Independent Certified Public Accountants on Supplemental Information.

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year Ended June 30, 2014

| Federal Agency Pass-Through Grantor Program Title | Federal CFDA Number | Contract/ Pass-Through Award Number | Federal Expenditures Recognized |
|--|------------------------|---|---------------------------------------|
| U. S. Department of Health and Human Services | | | |
| Pass-through: | | | |
| Broward Behavioral Health Coalition | | | |
| Block Grants for Community Mental Health Services | 93.958 | 343BBHC10 | \$ 1,065,129 |
| Block Grants for Prevention and Treatment of Substance Abuse | 93.959 | 343BBHC10 | 78,870 |
| U.S. Department of Health & Human Services | | | |
| Federal Center for Disease Control (CDC) | 93.531 | 1U58DP003661-02 | 1,834,581 |
| Transforming Our Community's Health (TOUCH) | | | |
| Broward County | | | |
| Title 1 - Planning Council Support | 93.914 | 11-CPHCS 8128RW | 277,875 |
| Title 1 - Program Support | 93.914 | 11-CPHCS 8128RW | 353,666 |
| Title 1 - Needs Assessment | 93.914 | 11-CPHCS 8128RW | 35,004 |
| Centralized Intake & Eligibility Determination - CIED | 93.914 | 10 HCS 8129RW | 289,110 |
| Centralized Intake & Eligibility Determination - MAI CIED | 93.914 | 10 MAIHCS 8129RW | 471,707 |
| Florida Association of Healthy Start Coalitions | 93.505 | FL MIECHV #13-3 | 265,732 |
| Ounce of Prevention Fund of Florida | | | |
| Healthy Families | 93.558 | HF-13-14-10 | 418,200 |
| U.S. Department of Housing and Urban Development | | | |
| Pass-through: | | | |
| City of Fort Lauderdale | | | |
| Housing Opportunity for Persons with AIDS (HOPWA) | 14.241 | Various | 2,763,096 |
| U. S. Department of Agriculture | | | |
| Marketing Services | 10.168 | 12-25-G-1545 | 58,988 |
| | | | <u>\$ 7,911,958</u> |

See Report of Independent Certified Public Accountants on Supplemental Information.

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE

Year Ended June 30, 2014

| <u>State Agency Pass-Through Grantor Program Title</u> | <u>State CSFA Number</u> | <u>Contract/ Pass-Through Award Number</u> | <u>State Expenditures Recognized</u> |
|--|------------------------------|--|--|
| State of Florida Department of Health Local Health Planning | 64.032 | CORCV R-2 | \$ 90,909 |
| Broward Behavioral Health Coalition Community Forensic Beds | 60.114 | Pass-Through | <u>53,661</u> |
| | | | <u>\$ 144,570</u> |

See Report of Independent Certified Public Accountants on Supplemental Information.

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

NOTES TO SCHEDULES OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE

Year Ended June 30, 2014

(1) General

The schedules of expenditures of federal awards and state financial assistance (the "Schedules") present the activity of all federal programs and state projects of Broward Regional Health Planning Council, Inc. ("BRHPC") for the year ended June 30, 2014. All federal and state financial assistance expended from federal and state agencies are included in the Schedules.

(2) Basis of Accounting

The Schedules are presented on the accrual basis of accounting. Under the accrual basis of accounting, revenue is recognized as amounts are expended by BRHPC and become reimbursable from the granting agency. Expenditures are recognized in the period liabilities are incurred.



MOORE STEPHENS
LOVELACE, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

To the Board of Directors
Broward Regional Health Planning Council, Inc.
Hollywood, Florida

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Governmental Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Broward Regional Health Planning Council, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2014, and the related statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated October 6, 2014.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Broward Regional Health Planning Council, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Broward Regional Health Planning Council, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of the Broward Regional Health Planning Council, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

To the Board of Directors of
Broward Regional Health Planning Council, Inc.

Our consideration of the internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Broward Regional Health Planning Council, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Broward Regional Health Planning Council, Inc.'s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Broward Regional Health Planning Council, Inc.'s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Moore Stephens Lovelace, P.A.

MOORE STEPHENS LOVELACE, P.A.

Certified Public Accountants

Miami, Florida
October 6, 2014



MOORE STEPHENS
LOVELACE, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND
STATE PROJECT AND ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY OMB CIRCULAR A-133 AND CHAPTER 10.650, RULES
OF THE AUDITOR GENERAL**

To the Board of Directors of
Broward Regional Health Planning Council, Inc.
Hollywood, Florida

Report on Compliance for Each Major Federal Program and State Project

We have audited Broward Regional Health Planning Council, Inc.'s compliance with the types of compliance requirements described in the U.S. Office of Management Budget (OMB) *Circular A-133 Compliance Supplement*, and the requirements described in the Department of Financial Services' *State Projects Compliance Supplement*, that could have a direct and material effect on each of Broward Regional Health Planning Council, Inc.'s major Federal programs and State projects for the year ended June 30, 2014. Broward Regional Health Planning Council, Inc.'s major Federal programs and State projects are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its Federal programs and State projects.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Broward Regional Health Planning Council, Inc.'s major Federal programs and State projects based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*; and Chapter 10.650, Rules of the Auditor General. Those standards, OMB Circular A-133, and Chapter 10.650, Rules of the Auditor General, require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major Federal program or State project occurred. An audit includes examining, on a test basis, evidence about Broward Regional Health Planning Council, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major Federal program and State project. However, our audit does not provide a legal determination of Broward Regional Health Planning Council, Inc.'s compliance.

To the Board of Directors of
Broward Regional Health Planning Council, Inc.

Opinion on Each Major Federal Program and State Project

In our opinion, Broward Regional Health Planning Council, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major Federal programs and State projects for the year ended June 30, 2014.

Report on Internal Control Over Compliance

Management of Broward Regional Health Planning Council, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Broward Regional Health Planning Council, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major Federal program and State project to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major Federal program and State project and to test and report on internal control over compliance in accordance with OMB Circular A-133 and Chapter 10.650, Rules of the Auditor General, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Broward Regional Health Planning Council, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a Federal program or State project on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a Federal program or State project will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a Federal program or State project that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Moore Stephens Lovelace, P.A.

MOORE STEPHENS LOVELACE, P.A.

Certified Public Accountants

Miami, Florida
October 6, 2014

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS - FEDERAL AWARDS
PROGRAMS AND STATE FINANCIAL ASSISTANCE PROJECTS**

Year Ended June 30, 2014

SECTION I - SUMMARY OF AUDITOR'S RESULTS

Financial Statements

| | | | | |
|---|-------|------------|--------------|---------------|
| Type of auditor's report issued | | Unmodified | | |
| Internal control over financial reporting: Material weakness(es) identified? | _____ | yes | <u> X </u> | no |
| Significant deficiency(ies) identified? | _____ | yes | <u> X </u> | none reported |
| Noncompliance material to financial statements noted? | _____ | yes | <u> X </u> | no |

Federal Awards and State Financial Assistance

| | | | | |
|--|-------|------------|--------------|---------------|
| Internal control over major federal awards programs and/or state financial assistance projects: Material weakness(es) identified? | _____ | yes | <u> X </u> | no |
| Significant deficiency(ies) identified? | _____ | yes | <u> X </u> | none reported |
| Type of auditor's report issued on compliance for major federal awards programs and/or state financial assistance projects: | | Unmodified | | |
| Any audit findings disclosed that are required to be reported in accordance with OMB Circular A-133 and/or Chapter 10.650, Rules of the Auditor General? | _____ | yes | <u> X </u> | no |

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS - FEDERAL AWARDS
PROGRAMS AND STATE FINANCIAL ASSISTANCE PROJECTS (Continued)
Year Ended June 30, 2014

| <u>Name of Federal Program or Cluster</u> | <u>CFDA Number(s)</u> |
|--|---------------------------------------|
| Department of Health and Human Services | |
| Community Transformation Grants | 93.531 |
| Temporary Assistance For Needy Families (TANF) | 93.558 |
| HIV Emergency Relief Project Grants | 93.914 |
| Block Grants for Community Mental Health Services | 93.958 |
| Department of Housing and Urban Development | |
| Housing Opportunity for Persons with AIDS (HOPWA) | 14.241 |
| Dollar threshold used to distinguish between Type A and Type B programs for federal awards: | \$300,000 |
| Dollar threshold used to distinguish between Type A and Type B projects for state financial assistance: | \$300,000 |
| Auditee qualified as low-risk auditee pursuant to OMB Circular A-133? | <u> X </u> yes <u> </u> no |

SECTION II - FINANCIAL STATEMENT FINDINGS

No findings were reported.

**SECTION III - FEDERAL AWARDS and
STATE FINANCIAL ASSISTANCE FINDINGS AND QUESTIONED COSTS**

No findings were reported.

**SECTION IV - FEDERAL AWARDS and STATE FINANCIAL ASSISTANCE
SUMMARY OF PRIOR AUDIT FINDINGS**

No findings were reported.

MANAGEMENT LETTER - No management letter issued.



Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100
Hollywood, Florida 33020-1929

T: (954) 561-9681
F: (954) 561-9685
E: info@brhpc.org

Administration

BOARD OF DIRECTORS

Barbara S. Effman, M.P.H.
Chair

David Roach, BA
Vice Chair

John A. Benz, MBA
Secretary

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

Lee Chaykin, FACHE
Mark Dissette, MBA
Albert C. Jones, MA
Leilani Kicklighter, MBA, ARM, RN
Samuel F. Morrison, BA, MLS
Daniel Lewis
Jasmin Shirley, MSPH
Cary Zinkin, D.P.M.

Michael De Lucca, MHM
President and CEO

Equal Opportunity Employer

ATTACHMENT 1.3.2

STATEMENT OF FINANCIAL ACCOUNTABILITY

I, Michael De Lucca, President and CEO, Broward Regional Health Planning Council, Inc. do hereby state that Broward Regional Health Planning Council, Inc. has policies and procedures in place that ensure our financial accountability conforms to the standards of financial management systems as specified in 24 CFR 84.21 and applicable OMB circulars.

In witness whereof, I have set my hand of said corporation in Hollywood, Florida on this 6th day of May, 2015.

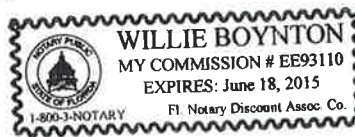
Michael De Lucca, President and CEO

State of FLORIDA
County of BROWARD

Before me personally appeared Michael De Lucca, and know to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that Michael De Lucca executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this 6th day of May, 2015.

Notary Public, State of Florida





Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100
Hollywood, Florida 33020-1929

T: (954) 561-9681
F: (954) 561-9685
E: info@brhpc.org

Administration

BOARD OF DIRECTORS

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Daniel Lewis
Jasmin Shirley, MSPH
Cary Zinkin, D.P.M.

Michael De Lucca, MHM
President and CEO

Equal Opportunity Employer

ATTACHMENT 1.3.3

STATEMENT OF NON INUREMENT

I, Michael De Lucca, President and CEO, Broward Regional Health Planning Council, Inc. do hereby state that Broward Regional Health Planning Council, Inc. has policies and procedures in place that ensure that none of our agency's net earnings inure to the benefit of any member, founder, contributor, or individual; be neither controlled by, nor under the direction of, individuals or entities seeking to derive profit or gain from the organization.

In witness whereof, I have set my hand of said corporation in Hollywood, Florida on this 6th day of May, 2015.

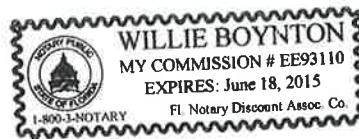
Michael De Lucca, President and CEO

State of FLORIDA
County of BROWARD

Before me personally appeared Michael De Lucca, and know to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that Michael De Lucca executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this 6th day of May, 2015.

Notary Public, State of Florida



**BROWARD REGIONAL HEALTH PLANNING COUNCIL
CONTRACT AND GRANTS
FY 14/15**

| Funding Sources | Term | FY 15 | Program | Contract Number | Contact | Email | Telephone |
|---------------------------|--------------------|---------------------|---|-----------------------------|----------------------|---|--------------------|
| Executed Contracts | | | | | | | |
| BBHC (DCF) | 7/1/14-06/30/15 | \$1,200,266 | SAMH | 34350 | Maria Stoker | maria.stoker@concordiabh.com | 305-514-5224 |
| Broward County | 10/1/14 - 9/30/15 | \$375,755 | SAMH/Match | 15-CP-HCS-8492-LM | Efrem Crenshaw | ecrenshaw@broward.org | 954-357-5388 |
| Broward County | 10/1/14 - 9/30/15 | \$13,000 | Trauma | G0869707A1 | Craig Mallack, ME | cmallack@broward.org | 954-357-5234 |
| Broward County | 4/1/14 - 3/31/15 | \$34,000 | Prescription Meds Assistance | PO AA94BF | Shirley Scott | Shirley.Scott@flhealth.gov | 954-467-4700 x5647 |
| Broward County | 3/1/15 - 2/28/16 | \$294,644 | RW HIV-CQM | 14-CPHCS8128RW | Sandra Odusanya | sodusanya@broward.org | 954-357-5390 |
| Broward County | 3/1/15 - 2/28/16 | \$278,771 | RW HIV-PCS | 14-CPHCS8128RW | Sandra Odusanya | sodusanya@broward.org | 954-357-5390 |
| Broward County | 3/1/14 - 2/28/15 | \$758,470 | RW - Part A/MAI CIED | 10-HCS-8129 RW * MAI-RW | Sandra Odusanya | sodusanya@broward.org | 954-357-5390 |
| Broward County | 3/1/15 - 2/28/16 | \$375,000 | RW HICP | 14-CP-HCS-8129 RW | Sandra Odusanya | sodusanya@broward.org | 954-357-5390 |
| Broward County | 10/1/14 - 9/30/15 | \$84,655 | Point In Time Count | 14-CP-HIP-8128-02 | Michael Wright | mwright@broward.org | 954-357-6167 |
| CDC | 10/1/14 - 9/30/15 | \$1,719,743 | PICH | 1U58DP005790-01 | Aisha Penson | ayt9@cdc.gov | 770-488-5516 |
| CSC | 10/1/14 - 9/30/15 | \$1,950,800 | Healthy Families | 12-2566 | Trisha Dowell | TDowell@csbroward.org | (954) 377-1659 |
| COFL | 1/1/15 - 12/31/15 | \$48,000 | HOPWA Navigators | HP 132251 | Mario DeSantis | mariod@fortlauderdale.gov | 954-828-4775 |
| COFL | 10/1/14 - 09/30/15 | \$1,414,978 | TBRV | HP 152224-25 | Mario DeSantis | mariod@fortlauderdale.gov | 954-828-4775 |
| COFL | 10/1/14 - 09/30/15 | \$1,126,138 | STRMU/PHP | HP 1522222-25/HP 1522223-25 | Mario DeSantis | mariod@fortlauderdale.gov | 954-828-4775 |
| Community Catalyst | 11/15/14-11/14/15 | \$410,000 | CACs | CAC14-15FL-BRHPC | Rachelle Rubinow | rrubinow@communitycatalyst.org | 617-275-2914 |
| CFB | 3/31/14 - 6/30/15 | \$150,000 | HIV Prevention | 20110564 | Sherry Brown | sbrown@cfbroward.org | 954-761-9503 x105 |
| FDOH | 4/1/15 - 7/31/15 | \$4,500,000 | ADAP | CODKA | Joseph Cohen | Joseph.Cohen@flhealth.gov | 850-245-4334 |
| FDOH | 7/1/14 - 6/30/15 | \$90,909 | Local Health Planning | CORAW-R3 | Robert Pannell | Robert_Pannell@doh.state.fl.us | 850-245-4444 x2705 |
| FL Healthy Start | 10/1/14 - 9/30/15 | \$500,000 | Nurse Family Partnership | FL.MIECHV #13-13 | Monya Newmyer | Mnewmyer@fahsc.org | 850-300-2203 |
| HFSF | 1/1/14 - 12/31/14 | \$25,000 | Stanford Self-Mgt - HARC | 2031-22 | Dr. Martha Pelaez | mpelaez@healthyagingsf.org | 305-374-7200 |
| HFSF | 3/1/14 - 2/28/15 | \$39,995 | Electronic Health Records | 2029-13 | Jakes Cargille | jcargille@hfsf.org | 305-374-7200 |
| HFSF | 1/1/15 - 12/31/15 | \$15,500 | Moral Reconciliation Therapy Initiative | NA | Jakes Cargille | jcargille@hfsf.org | 305-374-7200 |
| JM Foundation | 12/1/14 - 11/30/15 | \$300,000 | Housing Stability Program | 20110564 | Khalil Zeinieh | khalil.zeinieh@jim Moranfoundation.org | 954-949-2723 |
| Ounce of Prevention | 7/1/14-6/30/15 | \$418,200 | Healthy Families | HF-14-15-10 | Stacy Howard | sgodfrey@ounce.org | 850-488-1752 |
| Unicorn Foundation | 1/15/15 - 8/31/15 | \$144,373 | Children w/ Special Needs | N/A | Sharon Alexander | salexander@unicornchildrensfoundation.org | 561-620-9377 |
| USDA | 9/30/14 - 9/30/16 | \$51,238 | PATCH CAN! | 14-LFPPX-FL-0038 | Nicole Nelson Miller | Nicole.Nelson@ams.usda.gov | (202) 720-2731 |
| United Way | 7/1/14 - 6/30/15 | \$40,000 | Child Development Specialist | NA | Natalie Beasley | nbeasley@unitedwaybroward.org | 954-462-4850 |
| United Way | 10/1/14 - 9/30/15 | \$311,652 | SSVF - "Vet" Grant | NA | Pablo Calvo | pcalvo@unitedwaybroward.org | 954-462-4850 x9263 |
| United Way | 11/1/14 - 6/30/15 | \$40,588 | Healthy Kids : Trim Kids | 1415-01-12-01 | Madeline Jones | mjones@unitedwaybroward.org | 954-462-4850 |
| USF | 10/1/14 - 9/30/15 | \$493,091 | Health Care Navigators | 6414-1082-00-B | Michelle Ray | michelleray@health.usf.edu | 813-974-3143 |
| Subtotal | | \$17,204,766 | | | | | |

1. CASH RECEIPTS

Policy: Control is established over all cash and checks received and are deposited promptly in the company's bank accounts.

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

Procedures: **Receiving/Opening Mail**

The mail is opened by a responsible party. The person receiving the mail is a person other than those who deal with accounts receivable, accounts payable or the general ledger.

Fingerprinting

Fingerprinting processor will review process fingerprinting application and upon completion of background screening secure payment from client. All funds received at that time are then given to the Accounting Processor along with the application. Payments received will be recorded in weekly application log and it will then be submitted to the Accounting Processor. The Accounting Processor will input cash receipts into the weekly deposit log and verify against the application log that all funds are accounted for. All documents are then given to the Director of Finance and Contracts who deposits cash and is then reviewed during the Reconciliation of Cash/Checks received.

Endorsement of Checks

All checks received are restrictively endorsed immediately.

Bank Deposits

All cash and checks received are deposited on a timely basis.

Reconciliation of Cash/Checks Received to Bank Deposit

As part of the bank reconciliation process, records of cash receipts are compared to bank statements. If discrepancies are noted, the records are compared to actual deposit slips and adjusted as deemed necessary. These comparisons are performed by persons other than those who handle cash receipts.

Posting of Cash Receipts

Cash receipts are posted to the general ledger through the Cash Receipts Journal timely.

Policy: All Cash Receipt records, hard copy and digital are retained for at least 7 years after fiscal year activity occurred.

Procedures: After FY audit is completed all records are boxed, marked with complete description of contents and fiscal year. Boxes will be kept in agency storage in the accounting area.

2. CASH DISBURSEMENTS

Policy: Cash disbursements are made only for valid transactions.

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

Procedures: **Preparing Checks**

A determination that the transactions are valid is accomplished by reviewing the following supporting documentation as applicable:

- Invoices
- Payroll records
- Check requests

All supporting documentation is signed by a responsible parties indicating proper authorization.

Checks are prepared by personnel other than those who initiate or approve the disbursements.

The following procedures are prohibited:

- Checks payable to “bearer” or “cash”
- Checks signed blank
- Altered checks

Check Signing

Checks are signed by signatories other than those who approve the transaction for payment.

Each signatory examines the original supporting documentation to ensure each item has been checked and approved.

Signature plates are adequately locked in the accounting office.

Two signatures are required for all transactions equal to or greater than \$5,000.00, and CEO monthly car allowance and travel reimbursements. Monthly office rent payment does not require second signature.

Disbursement of Checks/ Secure Pay

After signature, all checks are processed through SecurePay. A summary report of the checks signed is produced from Financial Edge and then uploaded to Secure Pay once the report has been verified by Accounting Manager or Director of Finance & Contracts. Upon signing into Secure pay the check report is uploaded online and submitted to the banks. The positive pay record file is sent to the bank and used by the Bank to verify checks before they can be cashed as additional internal control measures. If the check was not submitted to Secure Pay then the bank will not release the funds.

Maintenance of Check Register

All checks are sequentially numbered so that all checks can be accounted for. Supplies of unissued checks are properly safeguarded. These are maintained in locked cabinets within locked offices.

Posting of Cash Disbursements

All cash disbursements are posted to the General Ledger through the Accounts Payable system on a timely basis.

Policy: All Cash Disbursement records, hard copy and digital are retained for at least 7 years after fiscal year activity occurred.

Procedures: After FY audit is completed all records are boxed, marked with complete description of contents and fiscal year. Boxes will be kept in agency storage in the accounting area.

3. BANK RECONCILIATIONS

Policy: Adequate steps are taken to ensure the accuracy of the bank balances reported in the general ledger.

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

Procedures: Preparing Bank Reconciliations

Bank balances per the bank statements are reconciled monthly with the general ledger balance.

Generally, accounting personnel who do not have access to cash will investigate all significant unmatched or mismatched items.

Review of Bank Reconciliations

Bank reconciliations and proposed adjustments to the general ledger cash balances are reviewed and approved by finance management.

Policy: All Bank Reconciliation records, hard copy and digital are retained for at least 7 years after fiscal year activity occurred.

Procedures: After FY audit is completed all records are boxed, marked with complete description of contents and fiscal year. Boxes will be kept in agency storage in the accounting area.

4. REVENUE RECOGNITION

Policy: All revenue is recorded accurately and on a timely basis.

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

Procedures: **Recording of Contract Revenue**

Contract revenue is recorded with the preparation of an Invoice by an Accounting/Finance department personnel. Cost reimbursement contract revenue is recorded based on expenditures. Fixed price contract revenue is recorded based on a systematic portion of the total approved contract amount.

Contract revenue is recorded and reviewed on a monthly basis by financial management.

5. ACCOUNTS RECEIVABLE

Policy: Accounts receivable records are accurate and complete.

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

Procedures: **Posting of Accounts Receivable**

General Ledger posting of accounts receivable is performed by financial management independent of the cash receipts function.

Review of Credit Balances

A review of credit balances in accounts receivable is performed monthly by financial management. Origins of the credit balances are identified and adjusted if necessary (usually resulting from advances received on contract revenue [deferred revenue]).

6. ACCOUNTS PAYABLE

Policy: All valid accounts payable transactions are accurately recorded.

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

Procedures: **Establishment of Control Devices**

Control is established over vendor invoices as soon as they are received. Vendors must submit a Form W-9 with accompanying backup to verify the EIN or Social Security number, whichever applies. A search is completed through the System for Award Management (www.sam.gov) for each vendor to ensure that they have not been placed on a DO NOT PAY list for misconduct. Also, all vendors registered with the State of Florida (www.sunbiz.org) must be listed as ACTIVE in order to be eligible for payment via BRHPC.

Vendors are instructed to mail invoices directly to the accounts payable department. Vendor invoices that do not require Departmental approval are filed in an unpaid invoice file by 'date due' to ensure timely payment and posting through the accounts payable computer system.

Departmental Approval of Vendor Invoices

Vendor invoices are routed to relevant departments for manager approval and general ledger expense line item designation and purchase description on a signed check request.

Preparation of Accounts Payable Processing "Package"

An accounts payable processing "package" is assembled with the following documents:

- Signed check request
- Vendor invoice
- Packing slip (if available)

Recording Invoice to the Purchase Journal

Upon the posting of the vendor invoice to the purchase journal, the vendor invoice has been recorded in the accounting system as a liability and as an appropriate expense. The amount of the invoice is also posted to the accounts payable sub-ledger by individual vendor. Payments to vendors are also recorded to the accounts payable sub-ledger by individual vendor (see **Cash Disbursements** section of policies and procedures).

Reconciliation of Accounts Payable to Accounts Payable General Ledger

At the end of each accounting period, the total amounts due to vendors (Accounts Payable Aging) is reconciled to the total per the accounts payable general ledger control account. Any differences are investigated and adjusted as necessary. Any differences are reviewed and approved by a responsible party.

Policy: All Accounts Payable records, hard copy and digital are retained for at least 7 years after fiscal year activity occurred.

Procedures: After FY audit is completed all records are boxed, marked with complete description of contents and fiscal year. Boxes will be kept in agency storage in the accounting area.

7. PAYROLL AUTHORIZATION

Policy: Payment for wages and salaries is made only to agency employees at authorized rates of pay.

General: Controls are established over payroll to ensure that the payroll reflects complete and authorized payroll transactions. Payroll is processed by HR and accounting to ensure accuracy.

Procedures: **Changes in Payroll Data**
All changes to payroll data are authorized in writing including:

- New hires
- Terminations
- Pay rate changes
- Grant and Program distribution
- Voluntary payroll deductions
- Court-ordered payroll deductions (garnishments)

Authorization of Changes in Payroll Data

Changes to payroll data are in writing and authorized by an official outside of the payroll department.

New hires are authorized in writing by the appropriate operating department and the CEO.

Voluntary deductions are authorized in writing by the individual employee.

Pay rate and distribution changes are authorized in writing by the personnel department or the appropriate department head and CEO.

A copy of all authorization forms for changes to payroll data are maintained in each employee's personnel file.

Procedures: **Distribution of wages and employer benefits accurately reflect the actual activity of the employee.**

This process ensures that salaries and wages are properly expended and that actual effort is consistent with the originally anticipated (budgeted) effort.

1. Time and effort reporting shall reasonably reflect the percentage distribution of effort expended by employees involved in federally, state and locally funded grants, contracts, and cooperative agreements. These reports shall reasonably reflect the activity for which the employee is compensated and shall encompass all activities on an integrated basis.
2. Each employee shall complete a time and effort report (Timesheet). This report is required to process payment for any payroll period. Further, at the discretion of the administration, payment for effort expended may be withheld if time and effort reports are not complete.
3. The Timesheets are an “after-the-fact effort” • reporting system. This indicates that the distribution of salaries and wages will be supported by activity reports signed by the Employee and Supervisor.
4. The Finance Department is responsible for the distribution, collection, and retention of all employee effort reports. Individually reported data will be made available only to authorized auditors.
5. The Time and Effort report must represent, in percentages totaling 100%, a reasonable estimate of an employee’s effort for the period being reported. Compensated effort includes all program services, administration, and any other activity for which an individual received compensation.
6. Effort and payroll distributions are NOT the same. The effort reporting process is a method for confirming salary charges made to all sponsored awards. Payroll distributions are estimates of how effort is anticipated to be expended.
7. The projected distribution of effort will be based on the budget approved by the Funder.
8. Each employee shall complete the actual percentage of effort for the given time period. S/he will sign the effort report to verify and obtain appropriate signatures.
9. Verification: All employees must sign their own individual effort reports. In addition, the supervisor must review and verify all effort reports associated with their project(s) using suitable means of verification that the reported work was performed. If the supervisor is completing the effort report, the CEO must verify the report.
10. Departments and/or PIs are required to return appropriately completed and signed effort reports to the Finance Department by the following Wednesday.
11. The Payroll Processor will review the time and effort report, confirm appropriate verification and give to HR by the Tuesday preceding pay date.
12. Any salary reallocations or adjustments resulting from time and effort reports will be made as determined between by the Finance Department quarterly.

8. PAYROLL CALCULATION

Policy: Payments for wages and salaries are accurately calculated.

General: Controls are established to ensure that the payroll, based on standing data, is accurately calculated.

Procedures: **Payroll compared to Control Totals**

Gross pay and payroll deductions are compared to an adequate extent with predetermined (projected/estimated) control totals by the payroll department and the CEO. Any significant variances should be investigated immediately.

Payroll Authorization

Payrolls are subject to final written approval by the Chief Executive Officer before being paid.

9. PAYMENT TO AGENCY EMPLOYEES

Policy: Payment for wages and salaries are made only to agency employees.

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

Procedures: **Distribution of Payroll**

Payroll payments are uploaded to staff's bank account via EFT. The rare exception, a check is cut and given to employee.

Reconciliation of Payroll Bank Accounts

The Payroll bank account is reconciled monthly by designated accounting/finance department personnel and reviewed by financial management.

10. PAYROLL DEDUCTIONS

Policy: Payroll deductions are correctly recorded and paid to the appropriate third parties on a timely basis. Also, related payroll reports to third parties are submitted on a timely basis.

General: Controls are established to ensure that payroll deductions, both compulsory and voluntary, are adequately identifiable in the general ledger and payments to third parties are timely and accurate.

Procedures: **Recording and Payment of Payroll Deductions**

Payroll deductions are recorded in the staff record of the Payroll Module in Financial Edge.

Payments of payroll deductions to third parties, including the employer payroll expense portion where applicable, and the related documentation are reviewed by financial management to ensure payments are appropriate and made on a timely basis.

Policy: All Payroll records, hard copy and digital are retained for at least 7 years after fiscal year activity occurred.

Procedures: After FY audit is completed all records are boxed, marked with complete description of contents and fiscal year. Boxes will be kept in agency storage in the accounting area.

11. GENERAL LEDGER ACTIVITY

Policy: All valid general ledger entries, and only those entries, are accurately recorded in the general ledger.

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

Procedures: **Posting Monthly Activity to the General Ledger**
Monthly, all activity is posted/closed to the general ledger. The postings to the general ledger come from the following sources:

- General Journal – adjusting journal entries
- Purchases Journal – expense and accounts payable entries
- Payroll Journal – payroll summary
- Cash Receipts Journal
- Cash Disbursements Journal

The computer accounting software is fully interactive and posts journal activity to the general ledger on command by the computer operator.

Documentation of Entries not Originating from Journals

All entries (recurring and nonrecurring) that do not originate from journals are supported by journal entries and supporting documentation. These adjusting journal entries could consist of the following:

- Correction of posting errors
- Accrual of income and expense items
- Recording of non-cash transactions (depreciation & amortization)

Authorization of Entries

All journal entries posted to the general ledger are authorized by financial management, independent of the origination of the entries.

12. ADEQUATE GENERAL LEDGER MAINTENANCE

Policy: The general ledger is adequately maintained.

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

Procedures: **Preparation of a Trial Balance**
A trial balance is prepared monthly from the general ledger. The trial balance will verify that the general ledger accounts balance (debits equal credits).

Performance Reconciliations

Reconciliations are prepared between control accounts maintained in the general ledger and the sub-ledgers (accounts payable and accounts receivable aging reports).

Review of Trial Balance and Reconciliations

The trial balance and the reconciliations are reviewed monthly by financial management, independent of those who post entries in the general ledger. Any discrepancies noted are investigated and adjusted accordingly.

Close of Income and Expense Items

At the end of the fiscal year, all items of income and expense are closed so they will not carry over into the next fiscal year. After the year end close, income and expense general ledger accounts are zero, and the general ledger is ready to accept transactions for the next fiscal year. Financial management reviews the closing process and ensures the Fund Balance general ledger account is properly stated.

Policy: All General Ledger records, hard copy and digital are retained for at least 7 years after fiscal year activity occurred.

Procedures: After FY audit is completed all records are boxed, marked with complete description of contents and fiscal year. Boxes will be kept in agency storage in the accounting area.

13. ELECTRONIC PAYMENTS AND ACCOUNT TRANSFERS BETWEEN AGENCIES

Policy: Electronic payments and account transfers are made only for valid and approved transactions.

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

Procedures: **Processing Electronic Payments and Account Transfers**

A determination that the transactions are valid is accomplished by reviewing the following supporting documentation as applicable:

- Payment Authorization Form
- Invoices

All supporting documentation is signed by a responsible party indicating proper authorization.

Payments are processed by personnel other than those who initiate or approve the disbursements.

The following procedures are prohibited:

- Electronic payments to unauthorized vendors/merchants
- Processing electronic payments without signed supporting documentation
- Altering approved "Electronic Payment Request Forms"

Electronic Payment/Account Transfer Approval

Approval is made by signatories other than those who initiate the transaction for payment.

Signatory examines the original supporting documentation to ensure each item has been checked and approved.

Proof of Electronic Payments/Account Transfers

Personnel processing electronic transactions shall print any and all status reports for each electronic payment and account transfer. Said documentation shall be maintained with the original supporting documentation.

Posting of Electronic Payments/Account Transfers

All electronic disbursements are posted to the General Ledger through the Accounts Payable Module on a timely basis.

13. INVESTMENT POLICY

Policy: All cash investment transactions will be approved by the BRHPC Investment Committee and brought to the Board of Directors for approval.

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

Procedures: **Phase I** The President/CEO will determine that the cash assets are sufficient for current anticipated annual expenses. If there is an excess, a proposal to invest in laddered CDs that would mature at 6, 9 or 12 month intervals will be brought to the Investment Committee. Only Qualified Public Depositories (QPD) would be considered to insure FDIC covered (max \$250,000) in addition to the Public Deposit coverage.

Phase II After a couple of years Phase II could be investigated. Some of the investment could be diversified into non-bank products such as discounted notes, T Bills, etc. In this phase investments would no longer be governed by F.S. 280 but by F.S. 218. One of the requirements of 218 is a Third Party Manager which would necessitate paying a 5 – 10% management fee.

SUNTRUST BANK
PO BOX 305183
NASHVILLE TN 37230-5183



Page 1 of 3
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Account
Statement

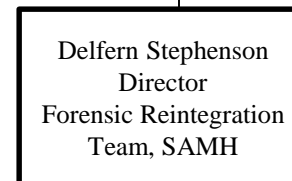
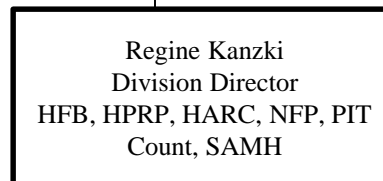
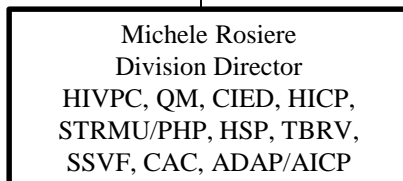
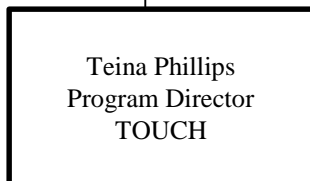
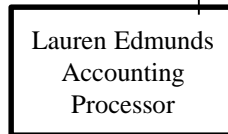
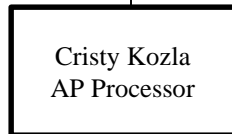
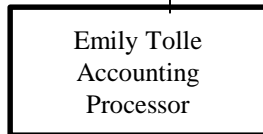
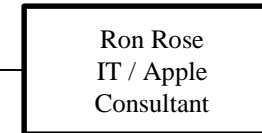
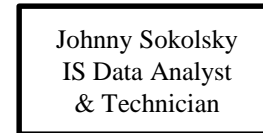
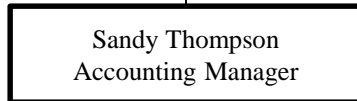
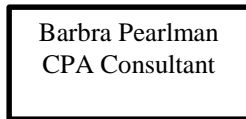
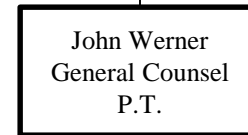
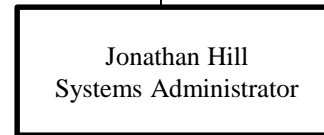
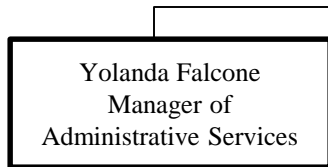
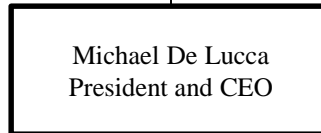
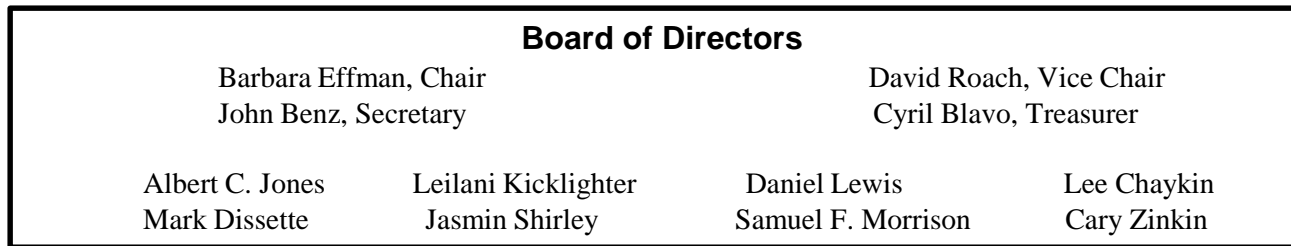
BROWARD REGIONAL HEALTH PLANNING COUNCIL
INC
MASTER ACCOUNT
200 OAKWOOD LN STE 100
HOLLYWOOD FL 33020

Questions? Please call
1-800-786-8787

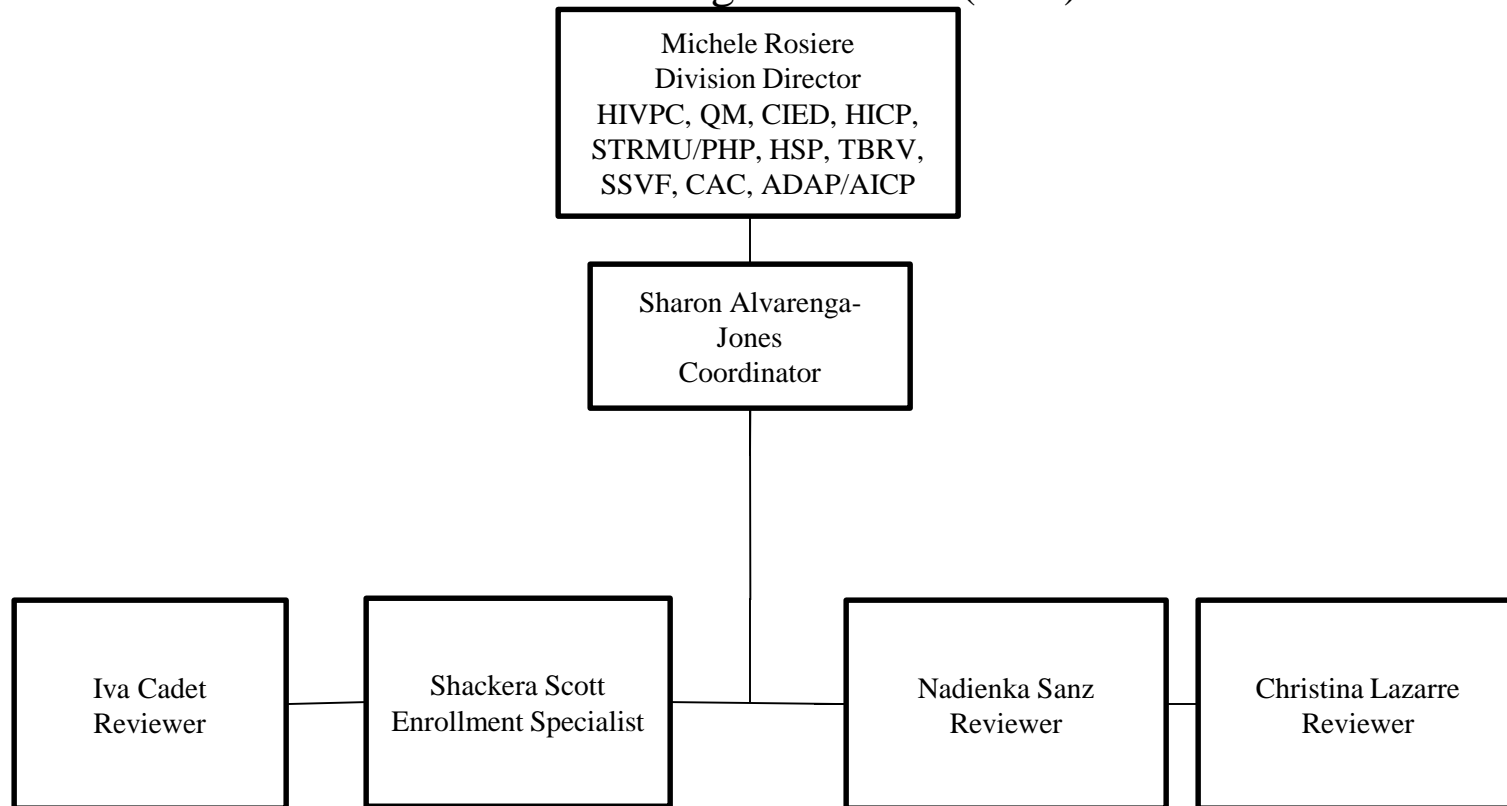
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WITH OUR VARIETY OF SOLUTIONS AND FINANCIAL GUIDANCE.
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| Account Summary | Account Type | Account Number | Statement Period | |
|-----------------|--------------------|----------------|------------------------------------|----------------|
| | BUSINESS CHECKING | 1000083160142 | 03/01/2015 - 03/31/2015 | |
| | Description | Amount | Description | Amount |
| | Beginning Balance | \$2,924,954.42 | Average Balance | \$3,029,613.71 |
| | Deposits/Credits | \$1,834,179.52 | Average Collected Balance | \$2,991,035.45 |
| | Checks | \$.00 | Number of Days in Statement Period | 31 |
| | Withdrawals/Debits | \$1,555,090.69 | | |
| | Ending Balance | \$3,204,043.25 | | |

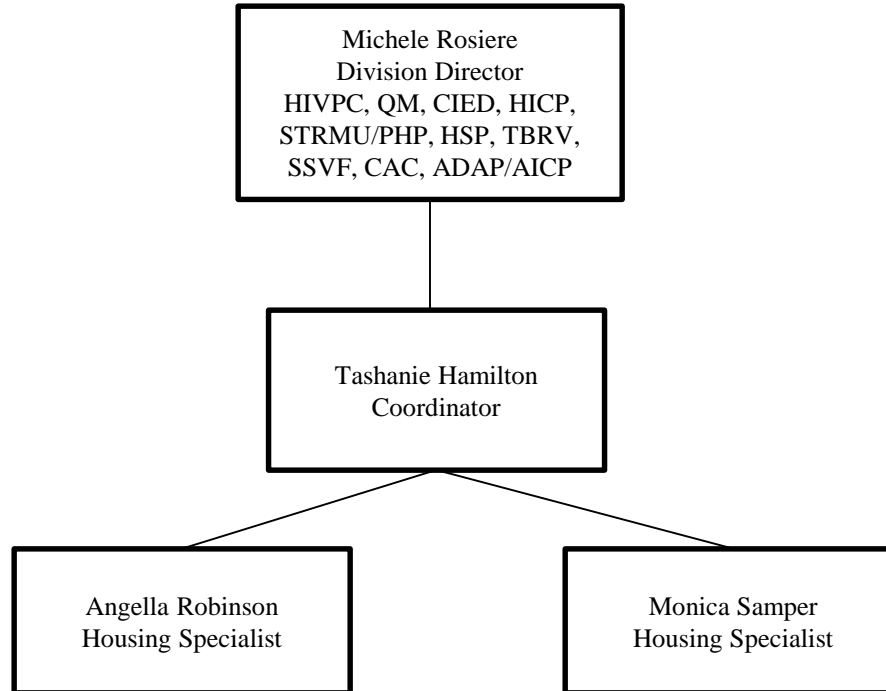
Broward Regional Health Planning Council: Administration



Broward Regional Health Planning Council:
Housing Opportunities for People With AIDS (HOPWA)
Short-Term Rent Mortgage and Utilities (STRMU)
Permanent Housing Placement (PHP)



Broward Regional Health Planning Council:
Housing Opportunities for People With AIDS (HOPWA)
Tenant Based Rental Voucher (TBRV)



Michele Rosiere, MSW, Ed.D. Candidate
MRosiere@BRHPC.org

Education/Training

1999 Doctoral Candidate, College of Education, Florida International University, Miami, Florida
1996 Master of Social Work, Florida International University, Miami, Florida
1993 Bachelor of Science, Psychology, University of Florida, Gainesville, Florida
2004 Training of Trainers Certification, National Quality Center

Professional Work Experience

2008 – Present Division Director, Broward Regional Health Planning Council

Division Contracts Administration and Management:

| | |
|--|---|
| Centralized Intake/Eligibility Determination | Clinical Quality Management |
| Health Insurance Continuation Program | HIV Health Planning Council |
| Broward County Health Plan | Peer Training Institute/ Consumer Affairs |
| Needs Assessment/Comprehensive Planning | Health Data Warehouse |
| Housing Stability Program | Supportive Services for Veteran Families |
| Certified Application Counselor/Navigator | HOPWA PHP and STRMU |
| Lead HIV Prevention Agency | HOPWA Tenet Based Voucher Program |

2003 – 2008 Director of Research and Planning/ Special Projects, Clinical Quality Management

- Developed Scopes of Services, Standards of Care and Outcomes for funded service categories.
- Coordinated and facilitated monthly Quality Improvement Networks for each funded service category.
- Conducted quality assurance evaluations for nine service categories and eleven contracted providers.
- Developed subcontracts and managed external evaluation assessments.

1999 - 2003 Broward College

Program Director, Childcare Grant, US Department of Education

Child Care Access Means Parents In School (CCAMPIS)

Support participation of low-income parents in postsecondary education through child care subsidies

- Provision of Childcare subsidies to providers throughout Broward on behalf of low income parents
- Developed program policies and procedures
- Conducted eligibility and enrollment
- Slot Utilization Management/Waitlist Management
- Ensure Timely Provider Payments
- Attend US Department of Education CCAMPIS training in Washington D.C.

District Enrollment Manager and Research Associate, District Department of Research and Planning

- Develop queries from the mainframe database
- Analyze enrollment, retention and student success data
- Develop Research Briefs for Office of the President

1993 – 1999 Florida International University, Fort Lauderdale, Florida

1998-99 Coordinator of Admissions and Student Affairs, Graduate Programs

1995-98 Doctoral Research Fellow, College of Education Doctoral Program

1993-95

Graduate Research Assistant, Graduate Social Work Program

1991-92 University of Florida, Research Assistant, Shands Medical Center, Gainesville, Florida

Project Management

| | |
|------|--|
| 2015 | Project Manager, West Palm Beach Needs Assessment: Children w/ Special Needs |
| 2013 | MHS Health Intervention with Targeted Services (HITS) Follow-Up Evaluation |
| 2012 | Evaluator, 21 st Century Schools, OIC of Broward |
| 2012 | Writer, Broward County HIV Comprehensive Plan, 2012-2015 |
| 2010 | Contract Manager, HIV Prevention Lead Agency Community Foundation of Broward |
| 2010 | Memorial Healthcare System HITS Longitudinal Evaluation |
| 2010 | Project Lead, Pediatric Quality Indicators |
| 2009 | Lead Writer, Broward County Health Plan |
| 2009 | Project Leader, Florida Health Data Warehouse |
| 2008 | Evaluator, Health Intervention Targeted Services, Memorial Healthcare System |
| 2008 | Lead Writer, Florida Certification Board Certified Education Units Provider Status Application |
| 2005 | Manager/Writer, Children with Special Needs 5 Year Plan/Needs Assessment |
| 2004 | MIS Assessment, Peer-to-Peer TA, Community Access Program, Apache Tribe, Arizona |

Independent Grant Reviewer, US HHS Office Of Independent Review

| | |
|------|--|
| 2008 | Ryan White Part C HIV Early Intervention Services |
| 2007 | Electronic Health Records, Congressionally Earmarked Funds |
| 2007 | High Impact Electronic Health Record Implementation |
| 2007 | Ryan White Part C HIV Early Intervention Services: Ongoing Expansion Funds |
| 2006 | Ryan White Title III HIV Early Intervention Services |
| 2005 | Healthy Communities Access Program, Bureau of Primary Care |
| 2002 | Health Data Management Database Consultant, Community Access Grant |

National/State Presentations

| | |
|------|---|
| 2014 | Southern HIV and Alcohol Research Collaborative (SHARC) Conference, University of Florida |
| 2009 | Florida Health Data Warehouse Prevention Quality Indicators, Blue Foundation, Jacksonville, Florida |
| 2008 | Using Graphs to Analyze & Share Quality Improvement Data, National Quality Center, Teleconferer |
| 2008 | Improving Access to Care Through Effective Medical Case Management, Washington, DC |
| 2008 | Integrating Clinical Performance Measures & Client Level Outcomes into Quality Management, DC |
| 2008 | Priorities Setting and Resource Allocation: Combining Planning and Allocations, Washington, DC |
| 2006 | Medical Outcomes Database: Linking Medical Outcomes to Support Services, Washington, DC |

Summary Qualifications: I am willing to work hard, I am organized, dependable, loyal and a problem solver. I take pride in doing a good job and I am result oriented. I have the ability to perform diversified duties and to prioritize tasks. I have multilingual skills that will facilitating me to communicate with the multilingual population.

Education:

Florida Atlantic University

Bachelor's degree of Social Services

Expected 2016

University of Phoenix

Associate's degree in Human Services

May 2010

Professional Experience

Broward Regional Health Planning Council

Reviewer

Aug 2010-Present

- ✓ Reviewing of applications for rent, mortgage, and utilities for eligible clients living with HIV/AIDS according with HUD guidelines.
- ✓ Analyzing HOPWA case applications for financial assistance to ensure client eligibility and verify the supporting documentation.
- ✓ Determining the type and amount of assistance qualification according to the HUD program guidelines and the framework of the Provide Enterprise HOPWA System.

Intake Coordinator/Case Manager

Jan 2009-Aug 2010

- ✓ Maintained contact with clients and follow up with client's case managers.
- ✓ Inputted client's applications
- ✓ Maintained and updated case notes, records, correspondence and telephone log.
- ✓ Recorded and tracked payment system to ensure compliance with assistance limits.

Family Support Worker III

April 2008-Jan 2009

- ✓ Trained parents understand their child's milestones at each developmental stage.
- ✓ Provided early developmental screening and referrals to appropriate services needed.
- ✓ Weekly visit to monitor family's improvements.

Family Support Worker

May 2006-April 2008

- ✓ Establish a trusting relationship with at-risk families by initiating and maintaining regular participant contact.
- ✓ Establishes a Family Support Plan with goals, objectives and activities with the family.
- ✓ Assists in strengthening parent-child interaction through improving parenting skills and by modeling appropriate activities during each home visit as measured by case progress notes.
- ✓ Weekly visit to monitor family's improvements.

Skills and Competencies

- ✓ Microsoft Office (Word, Excel, PowerPoint, Outlook), Internet

Languages

- ✓ Fluent both written and spoken in English
- ✓ Spanish: Native

REFERENCES AVAILABLE UPON REQUEST

Christina Lazarre
5220 SW 30th Avenue
Fort Lauderdale, FL 33312
Tatie001@hotmail.com
(954) 397-6970 Cell

OBJECTIVE: Seeking a position to utilize my professional skills and experience to enhance the performance of the organization I will represent.

SUMMARY QUALIFICATION:

As an employee of your organization I will demonstrate my skills and experience in my performance. I am honest, reliable and willing to learn. I am able to communicate well with people from different cultural backgrounds and will always strive to go above and beyond.

WORK EXPERIENCE:

Broward Regional Health Planning Council
Housing Department:

Hollywood, FL

Reviewer-10/12- present

- Provide comprehensive case management services to qualified clients
- Updating tracking system for case maintenance and follow ups
- Reviewing and process case applications for HOPWA assistance to determine eligibility according with HUD guidelines.

Broward Regional Health Planning Council
Healthy Families: 11/10-Present
Family Health Support Worker

Hollywood, FL

- Maintain files of participants enrolled in program
- Evaluate and assess clients' needs to determine necessary services
- Contact different community resource for client in need of assistance
- Established a family support plan with goals that participant have to followed
- Provide monthly feedback to clients on their attainment of outlined goals
- Maintain effective communication with clients' and discuss concern with supervisor

The Children's Healing Institute
Case Manager/Family Support Worker: 2011-2012

Lauderhill, FL

- Maintain client files enrolled in the program
- Assist clients with breastfeeding and child birth education
- Linkage to community resources

EDUCATION:

Nova High School

Davie, FL,

REFERENCES AVAILABLE UPON REQUEST

Iralienne Cadet
4551 NW 49th Court
Coconut Creek, Florida 33073
Iva.cadet@gmail.com
(954) 218-3483 Cell

OBJECTIVE: Seeking a position to utilize my professional skills and experience to enhance the performance of the organization I will represent. I am looking to secure a challenging position that emphasizes increasing responsibility and personal growth.

SUMMARY QUALIFICATION:

As an employee of your organization I will demonstrate my skills and experience in my performance. I am a trustworthy, reliable, honest individual who is self-motivated and eager to learn. I am willing to work hard, I am organized, dependable, loyal and a problem solver. I take pride in doing a good job and I am result oriented. I have the ability to perform diversified duties and to prioritize tasks. My multilingual skills are an asset in facilitating communication with the multilingual population. I will strive to ensure that my professionalism meets and rises above the expected standards.

WORK EXPERIENCE:

Broward Regional Heath Planning Council

Hollywood, FL

Housing Department:

Reviewer-10/10- present

- Provide comprehensive case management services to qualified clients
- Updating tracking system for case maintenance and follow ups
- Reviewing and process case applications for HOPWA assistance to determine eligibility according with HUD guidelines.

Broward Regional Heath Planning Council

Hollywood, FL

Housing Department: *12/09-10/10*

Housing Case Manager

- Provide comprehensive case management services to qualified clients
- Facilitate the agency's ability to address necessary temporary and/or permanent housing solutions and related services
- Work directly with clients and develop case plans towards the goal of independent housing
- Assist clients with delinquent rents, mortgages and utilities

Broward Regional Heath Planning Council

Hollywood, FL

Healthy Families Broward: *11/05 -12/09*

Family Health Support Worker

- Maintain files of participants enrolled in program
- Evaluate and assess clients' needs to determine necessary services
- Contact different community resource for client in need of assistance
- Established a family support plan with goals that participant have to followed
- Provide monthly feedback to clients on their attainment of outlined goals
- Maintain effective communication with clients' and discuss concern with supervisor

EDUCATION:

| | |
|---|---|
| Master in Health Care Management | Columbia Southern University, Orange Beach, AL.- March 2015 Present |
| Bachelor of Science, Health Care Management | St Thomas University, Miami FL: Graduated in May 2010 |
| Associate of Arts, Health Care Management | Keiser Colleges, Fort Lauderdale FL: Graduated in Aug 2005 |

REFERENCES AVAILABLE UPON REQUEST

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MRosiere@BRHPC.org

Education/Training

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1995-98 Doctoral Research Fellow, College of Education Doctoral Program

1993-95

Graduate Research Assistant, Graduate Social Work Program

1991-92 University of Florida, Research Assistant, Shands Medical Center, Gainesville, Florida

Project Management

| | |
|------|--|
| 2015 | Project Manager, West Palm Beach Needs Assessment: Children w/ Special Needs |
| 2013 | MHS Health Intervention with Targeted Services (HITS) Follow-Up Evaluation |
| 2012 | Evaluator, 21 st Century Schools, OIC of Broward |
| 2012 | Writer, Broward County HIV Comprehensive Plan, 2012-2015 |
| 2010 | Contract Manager, HIV Prevention Lead Agency Community Foundation of Broward |
| 2010 | Memorial Healthcare System HITS Longitudinal Evaluation |
| 2010 | Project Lead, Pediatric Quality Indicators |
| 2009 | Lead Writer, Broward County Health Plan |
| 2009 | Project Leader, Florida Health Data Warehouse |
| 2008 | Evaluator, Health Intervention Targeted Services, Memorial Healthcare System |
| 2008 | Lead Writer, Florida Certification Board Certified Education Units Provider Status Application |
| 2005 | Manager/Writer, Children with Special Needs 5 Year Plan/Needs Assessment |
| 2004 | MIS Assessment, Peer-to-Peer TA, Community Access Program, Apache Tribe, Arizona |

Independent Grant Reviewer, US HHS Office Of Independent Review

| | |
|------|--|
| 2008 | Ryan White Part C HIV Early Intervention Services |
| 2007 | Electronic Health Records, Congressionally Earmarked Funds |
| 2007 | High Impact Electronic Health Record Implementation |
| 2007 | Ryan White Part C HIV Early Intervention Services: Ongoing Expansion Funds |
| 2006 | Ryan White Title III HIV Early Intervention Services |
| 2005 | Healthy Communities Access Program, Bureau of Primary Care |
| 2002 | Health Data Management Database Consultant, Community Access Grant |

National/State Presentations

| | |
|------|---|
| 2014 | Southern HIV and Alcohol Research Collaborative (SHARC) Conference, University of Florida |
| 2009 | Florida Health Data Warehouse Prevention Quality Indicators, Blue Foundation, Jacksonville, Florida |
| 2008 | Using Graphs to Analyze & Share Quality Improvement Data, National Quality Center, Teleconferer |
| 2008 | Improving Access to Care Through Effective Medical Case Management, Washington, DC |
| 2008 | Integrating Clinical Performance Measures & Client Level Outcomes into Quality Management, DC |
| 2008 | Priorities Setting and Resource Allocation: Combining Planning and Allocations, Washington, DC |
| 2006 | Medical Outcomes Database: Linking Medical Outcomes to Support Services, Washington, DC |

■ Overview

Over ten years' experience as a leader of various project teams, maximized many great opportunities to work on challenging projects, when two critical proficiencies of a team leader were developed tremendously:

- Earned leadership status by setting inspirational goals and setting examples – Superb organizational, motivational, management and time management skills.
- Maximized team performance – Excelled at identifying, developing and using strengths of team members, as well as locating, detecting and resolving problems and weaknesses of each team individual.

■ Career Objective Statement

Maximize my team leading experience in a challenging environment, guiding by example and utilizing vast experience in directing a team towards its objective within the deadlines and thus achieving the corporate goals.

■ Professional Experience

Coordinator

Broward Regional Health Planning Council

2009 to present

Responsibilities and Achievements

- Inspired each and every team member to perform and produce their best.
- Analyzed the individual performance of each team member and motivated them to perform even better.
- Analyzed the assigned applications and distributed tasks to the members as per their area of expertise.
- Reported any problem or fault in the program to the program manager.
- Offered solutions to the top management regarding program-related queries.
- Provided direction, management and leadership to the HOPWA Reviewers and Housing Case Managers
- Supervised Reviewer.
- Performed a variety of tasks from landlord and property inspector liaison to updating client files in Provide Enterprise.
- Created Provide Enterprise reports as requested by Program manager

Broward Regional Health Planning Council, Inc.

- HOPWA Lead Reviewer 2009 – 2015
- HOPWA Supervisor for Housing Case Managers 2008 – 2009
- Healthy Families Program Support Aide 2005 - 2007

Sharon Alveranga-Jones

613 North University Drive, Plantation, Florida 33324, 954-561-9681 – Ext. 1213, smcdonald@brhpc.org

Versachem Int'l Limited - **Kingston, Jamaica**

- Office/Operations Manager 1999 – 2004
- Customer Service/Sales & Marketing Supervisor 1996 - 1999

■ Education

- Bachelor of Health Services: Major Health Administration - Florida Atlantic University

■ Training

- Broward Healthy Start Coalition – Orientation Workshop
- Healthy Start Coalition of Miami Dade – Breastfeeding Education Workshop
- Dona Birth Doula Workshop
- Family Support Worker Core Workshop (HFF)
- CPR/AED Workshop
- Cultural Competency Workshop
- Quality Management Workshop
- Supervisory Management Workshop
- Customer Service Relations Workshop
- Stress Management Workshop
- Effective Time Management Workshop
- Community Building Workshop (Ounce of Prevention)
- Goal Setting Workshop
- Team Building Workshop
- Leaders Styles & Profiles Workshop
- Data Entry & Web-Base Report Workshop (HFF)

■ Affiliations

- Member - The National Society of Collegiate Scholars 2013 – Present
- Member - Beta Gamma Sigma 2013 – Present
- Optimist International (Caribbean Chapter) 1986 - Present
Position held: Past Caribbean District Secretary and Treasurer

SHACKERA S. SCOTT

WORK HISTORY

Enrollment Specialist - BRHPC

- September 2014- Present
 - Administers information and support to a diverse population of clientele on a daily basis
 - Sets appointments for housing applications, and coordinates scheduling with returning clients
 - Conducts and maintains all agency related activities and communication in high regard for confidentiality
 - Interview HIV/AIDS positive clients applying for financial assistance for housing and utilities
 - Network with related providers to access other housing services based on need
 - Comply with HUD regulated guidelines and limitations
 - Create plans-of-action to stabilize housing and medical needs for clients
 - Answers multi-line phone system and helps to coordinate and facilitate internal staff functions/meetings

DENTAL ADMINISTRATOR/ASSISTANT - NOVA SOUTHEASTERN UNIVERSITY

- October 2009 – September 2014
 - Perform all dental assistant functions.
 - Experienced in storing and maintaining adequate levels of supplies
 - Mentored new employees on company objectives and policies.
 - Hands on experience dealing with children with special needs.
 - Ordered and maintained all supplies and oversaw all building maintenance.

PATIENT CARE COORDINATOR/DENTAL ASSISTANT - KIDS CARE DENTAL

- September 2007 – October 2009
 - Operated high volume phone system and maintained daily direct and indirect client relations operations, which include scheduling of patients and appointments.
 - Perform all dental assistant functions
 - Created claims and statements for insurance and patient billing. And also daily correspondence with insurance companies.

SKILLS

- Microsoft Office Proficiency, Axium, Eagle Soft Systems and Provide Ent.
- Over 5 years of administrative experience working with Medicaid
- HIPAA Certified (Health Insurance Portability & Accountability Act)
- Department of Children and Families Security Awareness Certified
- Knowledge of HUD guidelines and practices, Fair Market Rent Limitations, Grant-funded programs, etc.
- Ability to build and work collaboratively and independently in a strong team concept environment

EDUCATION

B.S. PSYCHOLOGY, NOVA SOUTHEASTERN UNIVERSITY, 2011

MASTERS, PUBLIC ADMINISTRATION, NOVA SOUTHEASTERN UNIVERSITY, 2014

**PROFESSIONAL
ACHIEVEMENTS**

- Organized and led dental mission trip to Jamaica that provided dental needs for more than 600 children
-

REFERENCES

AVAILABLE UPON REQUEST

ANGELLA M. ROBINSON

7032 SW 38th Ct

Miramar, FL 33023

Telephone: (954) 589-4532

Email: dawnmarie22@hotmail.com

PROFESSIONAL PROFILE

Innovative, result-oriented professional with extensive experience working in diverse office environments. Able to cultivate positive relationships with clients and colleagues at all levels. Detail-oriented and goal-focused with a demonstrated ability to achieve targeted goals, and department objectives.

CAREER STRENGTHS:

- Multi-tasks; Excellent organizational and prioritization skills.
- Ability to maintain a high level of confidentiality.
- Keen attention to detail.
- Proficient in Microsoft Word, PowerPoint, Excel, SQL Access, Visual Basic, Data Warehouse.
- Proficient in the use of standard office equipment: printers, copier, faxes, scanners.
- Excellent writing and verbal communication skills.

EDUCATION

Master of Science – General Psychology

in Progress

Nova Southeastern University, Davie, FL

Relevant Coursework

- | | | |
|--|------------------------------|-----------------------|
| • Cognitive Psychology | Human Growth and Development | Adult Psychopathology |
| • Individual Evaluation and Assessment | Behavioral Neuroscience | |
| • Social Psychology | Research Design | |

Bachelor of Arts

June, 2007

New York City College of Technology, Brooklyn, NY

PROFESSIONAL EXPERIENCE

Housing Specialist

11/07/2013- Present

BRHPC, Hollywood, FL

- Remain familiar with current U.S. Department of Housing and Urban Development Federal Regulations.
- Respond to inquiries, phone calls, correspondence, and e-mail in a timely and responsive manner.
- Perform program orientations to educate and inform applicants of program requirements and responsibilities.
- Coordinate with Housing Quality Inspector and Housing Quality Manager to ensure timely inspections at admission to program, Move-in, annual re-certification and condition of unit inspections.
- Maintain proper maintenance of client files and computer records to insure accuracy according to HUD regulations, policies and procedures. This includes renewing of contracts for TBRV participants, including interims and re-certification/review of income and household composition.

- Develops, establishes, and maintains professional working relationships with landlords and property managers.
- Assists participants in locating landlords willing to rent to them and accept the housing subsidy in suitable rental housing units.
- Explains program requirements and provides information to landlords, tenants and members when questions or concerns about the program arise.
- Assists with establishing and monitoring house rules as needed; monitors client and landlord compliance with program requirements and the lease between the landlord and client.
- Manages and mediates tenants/landlords/ grievances and reports landlord and client non-compliance issues to the Housing Quality Assurance Manager for appropriate follow-up.
- Promote self-sufficiency with all participants of the housing program.

**Volunteer Pre-School
Pen Tab Academy
Miami Gardens, FL**

09/2013-11/06/2013

- Organize and lead activities designed to promote physical, mental and social development, such as games, music, storytelling, and field trips.
- Read books to entire classes or to small groups

**Family Safety Counselor
Department of Children and Family, Child Care Licensing
Opa-Locka, Blvd, Opa-Locka, FL**

06/2013- 08/2013

- Conduct site inspections for designated summer camp locations
- Verify background screenings of summer camp staff.
- Confirm that summer sites are registered on the Department of Children and Families website.

**Unit Secretary
Cleveland Clinic Florida, Weston, FL**

01/2011 – 02/2013

- Performed clerical duties including filing and documenting patient information.
- Acted as a receptionist and received calls, relayed messages, interacted with patients, families, visitors, staff and other departments in a professional manner.
- Checked to ensure all patients vital statistics, and medical information were documented and entered in the computer system.
- Responded to patient call lights in a timely manner and followed up with appropriate nursing personnel with patient needs.
- Organized immediate work area, re-ordered and stocked office with supplies as necessary.

**Lead Medication Technician/Administrative Assistant
Wellington at Hershey's Mill, West Chester, PA**

11/2008 – 10/2010

- Assisted the Nurse Manager with proficient comprehensive services for residents' daily operations and activities.
- Maintained accurate records of clinical work.
- Scheduled laboratory test for residents.

- Managed resident's appointments.
- Verified the residents' insurance information with the Pharmacy.
- Faxed prescriptions to pharmacy.
- Obtained daily vital signs readings.
- Organized and maintained the schedule time to administer medication.
- Administered prescribed medication.

Medication Technician

Bellingham Retirement Senior Life Style, West Chester, PA

01/2008 – 10/2010

- Followed established policies and procedures to maintain a safe, secure and, healthy environment.
- Utilized assessment skills to identify unusual behavior of the residents.
- Administered prescribed medication
- Obtained daily vital sign readings
- Organized and maintained the scheduled time to administer medication for 36 residents
- Documented all medications that were administered
- Documented and reported any complaints, concerns of residents and report them to the nurse manager.

Certified Nursing Assistant

Union Plaza Nursing Home, Flushing, NY

12/2003 – 10/2007

- Worked under the supervision and with guidance from qualified nursing staff to provide high quality nursing care to a group of patients.
- Provided care for the benefit of the patients comfort and well-being during their stay in hospital.
- Assisted resident with personal hygiene and patient care.
- Obtained and document all vital signs.
- Assisted in transporting patients.
- Answered enquiries from relatives and visitors.

Administrative Assistant

Adult Retardation Center, Inc., Brooklyn, NY

04/2002 – 12/2003

- Provided support to the Center Manager and assisted in tracking quality, care and activities of the residents.
- Answered phone calls and transferred them to the respective personnel.
- Recorded minutes for meetings.
- Scheduled medical appointments.
- Prepared and faxed medical records to doctor's offices.
- Verified and prepared time sheets for payroll.

CERTIFICATION & SKILLS

- Certified Professional Secretary (*Professional Secretaries International*)

REFERENCES AVAILABLE ON REQUEST

Monica Samper

9600 NW 7TH Cir Apt .1413 • Plantation, Florida • 33324
CELL 786 612 4996 • E-MAIL monicasamper15@gmail.com

PROFILE

Experience of more than three years in mental health and educational psychology, high sense of responsibility, analytical and critical attitude. Efficient and proactive with interpersonal skills, ability to work in a team, committed and interested in research.

EDUCATION

Bachelor of Science in Psychology. *Universidad del Norte*. Barranquilla, Colombia. 2012.

ACADEMIC EXPERIENCES

- Test of English as a Foreign Language (TOEFL) Preparation Course. Miami Dade College. January- March 2015.
- Accent Reduction Advanced - Broward College. October - November 2014.
- Listening and Conversation - Miami Dade College. January- March 2013.
- Scholarship for National Exchange with *Universidad de la Sabana*. Bogotá, Colombia 2011.
- Internship at *Fundación Santa Fe de Bogotá*. Welfare Department. Bogotá, Colombia 2011.
- International Exchange at *Universidad Nacional Mar del Plata*. Mar del Plata, Argentina 2010.
- Seed of researchers. Research entitled: "The psychological, familiar and employment profile of workers children in Barranquilla City". Barranquilla, Colombia 2010.
- National Exchange at *Pontificia Universidad Javeriana*. Bogotá, Colombia 2009.

EXPERIENCE

Homeless Point in Time Count

January 26 – 28, 2015

As a volunteer, I conducted face to face interviews with individuals who are experiencing homelessness in Broward County during 24 hour period. The count included both sheltered homeless and unsheltered homeless persons.

Broward Regional Health Planning Council

February 2014 – Current

As a Housing Specialist, I provide housing assistance and appropriate supportive services for eligible clients living with life long illness. I develop, arrange, and coordinate case plans towards the goal of independent housing. I am also responsible to create and update client case files, the interaction and follow-up with landlords, and management of multiple projects with committed deadlines.

Broward Regional Health Planning Council

January – February 2014

As an Intake Specialist, I interviewed and assisted clients with life long illness who are enrolled in the Ryan White Part A program. I was responsible for the application process to determine potential eligibility in private insurance, Medicaid and other third party payers. During that time, I maintained systems with accurate status to ensure timely processing.

Fundación Botánica y Zoológica de Barranquilla

June – October 2013

As a Research Assistant in a Project called: "Design of an integral plan for the biodiversity management at *Universidad del Norte*", I did the analysis of the results through charts and graphics, interviews and mental maps.

Season Hospice –Miami Jewish System Health

March – May 2013

As Volunteer, I gave emotional support to relatives of patients with dementia. I made home visit, case notes and monitoring of patient needs.

Universidad del Norte

August-December 2012

As a Research Assistant in a Project with the convention of the Ministry of National Education of Colombia, I applied, analyzed and made the analysis of the results of 600 tests in order to measure academic skills in high school students.

Universidad del Norte

August - December 2012

As a Research Assistant in a project with the convention of the Ministry of National Education of Colombia called "Cognitive and socioemotional skills. A study in high school and associate's degree students at Atlantico Department of Colombia", I did the theoretical review, fieldwork, descriptive analysis, validation of results and finally the data processing transformed into two chapters of a digital book.

Universidad del Norte

May 2012 - October 2012

As a Research Assistant, I lead the writing document for the *Comité Nacional de Acreditación CNA*, I monitored the quality assurance, statistics and the information to present in the audits.

Fundación Santa Fe de Bogotá

August 2011 - April 2012

As an intern at the third best hospital in South America, I coordinated welfare activities, exit interviews, organizational climate diagnosis, identification of needs and opportunities for improvement. I developed programs and events to support the quality life of the employees. I lead the training and development of the program.

Universidad de la Costa. CUC

February 2010 to March 2011

As an educational psychologist assistant, I coordinated welfare and training projects, programmed continuing education courses and managed logistics and planning activities with the Secretary of Education.

HONORS AND AWARDS

- Graduated with Honors, recognition for academic excellence. Silver Medal in graduation ceremony, 2012. *Universidad del Norte*, Barranquilla, Colombia.
- Award for Academic Excellence. *Universidad del Norte*. Barranquilla, Colombia. Year 2007 to 2011.
- Recognition by *Universidad del Norte* for the work done in 2008 and 2009 in the Integral Development Committee of Psychology Students (CDIEP). Barranquilla, Colombia.
- Scholarship "Student Mobility" given for *Banco Corpbanca*. Barranquilla, Colombia 2011.
- Employee of the month for the great work made in Welfare Department at *Fundación Santa Fe de Bogota*. Bogota, Colombia 2011.
- Recognition of outstanding student in High School. 2005 – 2006.

RESEARCH AND PROJECTS

- "Cognitive and socioemotional skills. A study in high school and associate's degree students at Atlantico Department of Colombia" *Universidad del Norte*. Barranquilla, Colombia 2013.
- Article entitled "Effective Communication: Soldier warned not die in war" published in the magazine *En Contacto*. Barranquilla, Colombia 2012.
- Internship in educational psychology at *Colegio Nacional Dr Arturo Illia*. Mar del Plata, Argentina 2011.
- Literature Review on Misconceptions about the learning process. Barranquilla, Colombia 2009.
- Internship in Social Psychology. Training teachers about misconceptions at *Hogar Santa Rosa de Lima*. Barranquilla, Colombia 2009.

Tashanie Hamilton-Parker
5590 NW 61st Street #821
Coconut Creek, Florida 33073
Cell (954) 531-4583

Objective: Seeking a responsible position that will utilize my talents, abilities and offer opportunity for growth.

Computer Skills: Microsoft Office (Word, Excel, PowerPoint and Outlook)
Demonstrate keyboarding speed @ **65** wpm and accuracy in document processing.

Experience: Nov 2014 – Present BRHPC Fort Lauderdale, FL
(Broward Regional Health Planning Council)

**HOPWA/Tenant Based Rental Voucher program
Coordinator**

- Provides supervision to the TBRV housing case managers.
- Manages Quality assurance oversight and review of all certifications and processing protocols for HOPWA assistance to determine client eligibility according to HUD guidelines.
- Interaction and follow-up with landlords as necessary.
- Ensure proper management of the recording and tracking of payments to ensure compliance of the HOPWA program.
- Maintains detailed case notes, records, correspondence and telephone log.
- Facilitates complaints, concerns, (application denials and /or client termination) appeals.
- Maintains case tracking system and follow-up.
- Prepares monthly, quarterly and annual reports as required by the HOPWA grant.

Oct 2008 – Nov 2014 BRHPC Fort Lauderdale, FL (Broward Regional Health Planning Council)

**Healthy Families Broward
Family Assessment Worker Supervisor**

- Extensive knowledge of social work principles.
- Ability to maintain an on-going tracking system in order to track staffing activities.
- Perform quality assurance on a weekly basis to ensure accuracy of data entered.
- Ability to utilize public speaking skills.
- Provides supervision five full time professional staff and two part-time.
- Maintain on-going relationships with community partners.
- Ability to work with paraprofessional staff.
- Attend on-going trainings.

Nov 2004 – Oct 2008 BRHPC Fort Lauderdale, FL (Broward Regional Health Planning Council)

Healthy Families Broward

Family Assessment Worker

- Knowledge of community-based resources.
- Knowledge of how to engage families in trusting relationship.
- Ability to complete a comprehensive psychosocial assessment to determine family needs.
- Ability to communicate verbally and in writing.
- Knowledge of home visiting practices.
- Ability to refer families to appropriate community-based resources.

Sept 2002- Nov 2004 Kids In Distress Wilton Manors, FL
(Kids In Distress)

Healthy Families Broward

Administrative Assistant

- Support daily activities of the program; answer multi line telephones, maintaining files, data entry, typing correspondence and data base maintenance.
- Attends regular staff meetings, case conferences, in service trainings and other meetings as required.
- Assist supervisor with special projects and organizing of work load.
- Served as a member of the Kids In Distress support team.

Education:

Broward College Coconut Creek, FL
Beginning Spanish I and II (2010 - 2011)

Florida Metropolitan University Ft. Lauderdale, FL

- Bachelor of Science in Business Administration (2002 - 2004)
- Associate of Science in Paralegal (1999 - 2002)

Atlantic Vocational Technical Center Coconut Creek, FL

- Legal Secretarial Certificate (1997 - 1998)

SUBCONTRACT AGREEMENT AMENDMENT # 4
between
BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.
and
JEROME JENKINS

The SUBCONTRACT AGREEMENT entered into on February 28, 2013 between **Broward Regional Health Planning Council, Inc.**, (hereinafter referred to as "BRHPC") and **Jerome Jenkins** (hereinafter referred to as "CONSULTANT") is amended as described below.

ARTICLE II. PERIOD OF PERFORMANCE

Consultant shall perform all services required of it under this Subcontract between October 1, 2014 and September 30, 2015 unless this Subcontract is further extended by written amendment of the Subcontract, which shall be by mutual consent of both parties.

ARTICLE 111. COMPENSATION

Total compensation under the Subcontract for the period of performance shall not exceed **\$18,500.00** unless amended by mutual consent and in writing by both parties. This contract is subject to the availability of funds.

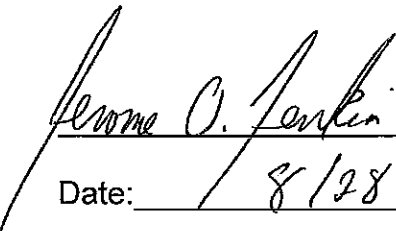
EXHIBIT A: Scope of Work

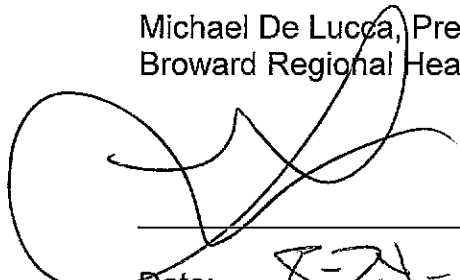
III. METHOD OF PAYMENT

- A. Effective October 1, 2014 through September 30th, 2015 services provided will be paid as a monthly service at a rate of \$40.00 per property inspections with a maximum total contract amount not to exceed \$18,500.00. Of the total contract amount \$8,500.00 should be utilized by TBRV inspections, \$9,000.00 for PHP inspections, \$1,000.00 for HSP inspections. BRHPC has sole authority in re-allocated the total contract amount as needed and the CONSULTANT must request prior approval in exceeding inspections cost within each program.

Jerome Jenkins
Consultant, SSN 261-57-4372

Michael De Lucca, President/CEO
Broward Regional Health Planning Council


Date: 8/28/2014


Date: 8-24-14

SUBCONTRACT AGREEMENT
between
BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.
and
Rose Hepworth

THIS SUBCONTRACT AGREEMENT (the "Subcontract"), with the following terms and conditions, is made and entered into on December 5th, 2014. or the date of execution, whichever is later, by and between **Broward Regional Health Planning Council, Inc.**, having its principal place of business at 200 Oakwood Lane, Suite 100, Hollywood, FL 33020 (hereinafter referred to as "BRHPC") **Rose Hepworth** having the principal place of business at 2007 NE 7th Avenue, Wilton Manors, FL 33305 (hereinafter referred to as "CONSULTANT") for the delivery of services identified as City of Fort Lauderdale Housing Opportunities for Persons with AIDS (HOPWA) Habitability Inspections (re-inspections as applicable) on all units supported by the City of Fort Lauderdale HOPWA program, administered by BRHPC, as requested by the Broward Regional HOPWA staff.

CONSULTANT is responsible for conducting site inspections, reinspections and lead based testing as applicable, collecting of information and providing a written report of all inspections according to The U.S. Department of Housing and Urban Development Office, authorized under Section 8 of the U.S. Housing Act of 1937 (**42 U.S.C. 14370** and in compliance with **24 CFR Part 574 Standards for CITY OF FORT LAUDERDALE HOPWA Program**.

As used herein, "Subcontract" shall refer to this agreement and all its exhibits, attachments, and incorporations.

WHEREAS, the CONSULTANT is responsible for conducting site inspections, reinspections and lead based testing as applicable, collecting of information and providing a written report of all inspections on all units supported by the CITY OF FORT LAUDERDALE HOPWA program, administered by and as requested by BRHPC.

WITNESSETH:

WHEREAS, BRHPC requests that the Consultant perform certain services and that the Consultant wishes to perform such services.

NOW, THEREFORE, in consideration of the covenants contained herein, and for other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

ARTICLE I. STATEMENT OF WORK SERVICES TO BE RENDERED

CONSULTANT covenants and agrees to furnish the necessary facilities, data, and materials to perform the services and accomplish the work described in the Scope of Work attached

hereto as Exhibit "A" and made a part hereof under the Subcontract for the benefit of BRHPC. Any change in the Scope of Work requires the express written approval of BRHPC.

ARTICLE II. PERIOD OF PERFORMANCE

Consultant shall perform all services required of it under this Subcontract between December 15th, 2014 and September 30, 2015 unless this Subcontract is further extended by written amendment of the Subcontract, which shall be by mutual consent of both parties.

ARTICLE 111. COMPENSATION

Total compensation under the Subcontract for the period of performance will be paid as a monthly service at a rate of \$40.00 per property inspections and \$25.00 per property re-inspection with a maximum total contract amount not to exceed \$18,500.00. BRHPC has sole authority in re-allocated the total contract amount as needed and the CONSULTANT must request prior approval in exceeding inspections cost.

ARTICLE IV. INVOICING

Invoice from Consultant together with required reports and deliverables shall be sent to Michele Rosiere, Division Director or designee at Broward Regional Health Planning Council, Inc., 200 Oakwood Lane, Suite 100, Hollywood, FL 33330. The invoice together with the required reports and deliverables will be processed for payment in accordance with the payment methodology set forth in Exhibit A, 111 of this Contract. Payment will be made within 15 days of receipt of invoice, provided the subcontractor's product, upon which the invoice is based, has been approved by BRHPC. If approval has not been given within said period, payment may be withheld until said product has received the required approval.

ARTICLE V. REPORTS AND DELIVERABLES

Consultant shall complete the reports and deliverables outlined in the attached Scope of Work, *Exhibit A*. Ownership of all materials produced as a result of this contract remains with BRHPC.

ARTICLE VI. ADMINISTRATIVE REPRESENTATIVES

Consultant: Rose Hepworth
2007 NE 7th Avenue
Wilton Manors, FL 33305
(954) 288-4206

Project Administrator for BRHPC: Michele Rosiere, Director of Planning

Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
(954) 561-9681

Authorized Representative for BRHPC: Michael De Lucca, President and CEO
Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
(954) 561-9681

ARTICLE VII. ASSIGNMENT

CONSULTANT herein may not assign this Subcontract or any Provisions without the expressed written agreement of BRHPC.

ARTICLE VIII. NONDISCRIMINATION

CONSULTANT shall not unlawfully discriminate against any person in its operations and activities or in its use or expenditure of funds in fulfilling its obligations under this Subcontract. CONSULTANT agrees to comply with all applicable provisions of the Americans with Disabilities Act (ADA) and all applicable regulations, guidelines, and standards. CONSULTANT decisions regarding the delivery of services under this Subcontract shall be made without regard to or consideration of race, age, religion, color, gender, sexual orientation (Broward County Code, Chapter 16 %), national origin, marital status, physical or mental disability, political affiliation, or any other factor which cannot be lawfully used as a basis for service delivery.

CONSULTANT shall not engage in or commit any discriminatory practice in violation of the Broward County Human Rights Act (Broward County Code, Chapter 16 %) in performing any services pursuant to this Subcontract.

ARTICLE M. INDEMNIFICATION

If any person, firm, or corporation should sustain any damage, loss, death, or injury caused by the negligent or wrongful act or omission of any agent or employee of the CONSULTANT while acting within the scope of employment, CONSULTANT agrees to indemnify and hold BRHPC harmless for any claims, suits, actions, judgments, reasonable attorney fees, court costs and any other expenses whatsoever asserted against or incurred by any such party resulting from the negligence or wrongful act or omission of CONSULTANT and its agents or employees in the performance of this Subcontract. The provisions of this Article shall survive the expiration or earlier termination of this Subcontract.

ARTICLE X. RELATIONSHIP OF PARTIES

The parties agree that CONSULTANT is an independent service provider. The conduct and control of the services rendered by CONSULTANT will lie solely with CONSULTANT. CONSULTANT is not, under this Subcontract, an employee of BRHPC for any purpose, and CONSULTANT shall not be entitled to any of the benefits that BRHPC provides to its employees. CONSULTANT shall be liable and responsible to pay all local, state, and federal employment taxes, including, without limitation, withholding, social security, worker's compensation, and employment security as required by law.

Nothing in this Subcontract is intended, nor shall be construed, to create a joint venture, partnership, or agency relationship. CONSULTANT further agrees, during the term of this Agreement, to not serve as an expert witness against the BRHPC in any legal or administrative proceeding in which he, she, or CONSULTANT is not a party, unless compelled by court process. Further, CONSULTANT agrees that such persons shall not give sworn testimony or issue a report or writing, as an expression of his or her expert opinion, which is adverse or prejudicial to the interests of BRHPC in connection with any such pending or threatened legal or administrative proceeding unless compelled by court process. The limitations of this section shall not preclude CONSULTANT or any persons in anyway from representing themselves, including giving expert testimony in support thereof, in any action or in any administrative or legal proceeding.

ARTICLE XI. TERMINATION OF SUBCONTRACT

CONSULTANT and BRHPC shall, at any time, have the right to terminate this Subcontract by giving the other party ten (10) days written notice of its intent to terminate. In the event this Subcontract is terminated, CONSULTANT shall be reimbursed for any expenses incurred and non-cancelable obligations encumbered prior to the termination date, and all reports and deliverables due shall be delivered to BRHPC. Reimbursement will be subject to the provisions outlined in Exhibit A. Scope of Service, Section 111. Method of Payment, Subsection C.

ARTICLE XII. RECORDS

BRHPC shall retain all of its books, records, and documents concerning this Subcontract and the services performed hereunder for seven years from the end of the performance period.

ARTICLE XIII. GOVERNING LAW AND VENUE.

This Subcontract shall be governed by and construed in accordance with the laws of the State of Florida. Any action instituted with respect to this Subcontract shall lie exclusively in Broward County, Florida.

ARTICLE XIV. SEVERABILITY

If any provision of this Subcontract is held to be invalid or unenforceable by a court of competent jurisdiction, then the remaining provisions of this Subcontract shall be valid and enforceable to the fullest extent permitted by law.

ARTICLE XV. ATTORNEY'S FEES

If either party institutes litigation with respect to this Subcontract, then the prevailing party shall be entitled to collect from the non-prevailing party all reasonable attorney's fees and court costs incurred by the prevailing party.

ARTICLE XVI. STRICT ACCORDANCE

Failure of a party to insist upon strict compliance with any of the covenants or conditions of this Subcontract shall not be deemed a waiver of such term, covenant, or condition, nor shall any waiver or relinquishment of any right or power hereunder by a party, at any time or from time to time, be deemed a waiver or relinquishment of such right or power at any other time or times.

ARTICLE XVII. WORKERS' COMPENSATION GENERAL LIABILITY INSURANCE

The Consultant is required to furnish documentation of Workers' Compensation if applicable and General Liability coverage. If the Consultant does not have Workers' Compensation and/or General Liability coverage, the Consultant must inform BRHPC in writing of non-covered status.

ARTICLE XVIII. NOTICE

Any notice required or permitted to be given hereunder to either party hereto shall be in writing and shall be deemed given and received (i) when personally delivered with a receipt obtained, (ii) on the date noted as received, refused, or uncollected if given by deposit with the United States Postal Service and sent by certified or registered mail, postage prepaid and return receipt requested, or (iii) the earlier of receipt or two (2) business days after acceptance for delivery by a nationally recognized overnight delivery service (e.g., Federal Express), to such party at its address as herein above set forth, or to such other address as such party may designate by written notice similarly given. Any notice to CONSULTANT shall be to the attention of the authorized representative for CONSULTANT as listed in Article VI.

ARTICLE XIX. HIPAA COMPLIANCE

Where applicable, the CONSULTANT will comply with the Health Insurance Portability and Accountability Act (42 U.S. Section 210 et seq) as well as regulations promulgated hereunder (45 CFR Parts 160, 162, and 164). CONSULTANT will simultaneously execute a BUSINESS ASSOCIATE AGREEMENT with BRHPC which will be in compliance with HIPAA as a part

of this agreement. (Exhibit B)

ARTICLE XX. CONTRACT EXECUTION

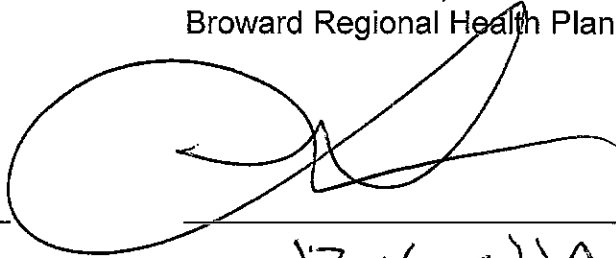
Upon receipt of two (2) signed SUBCONTRACTS and BUSINESS ASSOCIATE AGREEMENTS, BRHPC will sign the documents and return a fully executed original of both documents to the CONSULTANT.

Rose Hepworth
2007 NE 7th Avenue
Wilton Manors, FL 33305

Michael De Lucca, President/CEO
Broward Regional Health Planning Council



Date: 12-6-2014



Date: 12-6-14

EXHIBIT A: Scope of Work

I. SERVICES TO BE PROVIDED

- A. The Consultant is competent in the provision of Department of Housing and Urban Development (HUD) Housing Quality Standards (HQS) Habitability Site Inspections.
- B. The Consultant shall receive unit designations for inspection, re-inspections and lead based testing (when needed) from BRHPC staff.
- C. The Consultant shall demonstrate competencies in the inspection and reporting service being provided. Consultant's failure to demonstrate competencies shall constitute immediate termination of the agreement.

II. MANNER OF SERVICE PROVISION

HUD Habitability Standards & Inspection

A. General Inspection Requirements

All housing units supported by the programs for rental assistance must meet federal HUD's Housing Quality Standards (HQS). The Housing Inspector is responsible for conducting all inspections and must inspect the unit to be rented to a family/individual prior to authorizing client move-in (for clients moving into new rental housing) to determine if the unit meets the HQS.

B. Housing Habitability Standards

Housing supported by the program funds must, at a minimum, meet the following federal HUD Housing Habitability Standards set forth below.

- a) **Structure and Materials:** The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards. If the unit is a manufactured home, it must rest upon a suitable permanent or nonpermanent foundation.
- b) **Access:** The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
- c) **Space and Security:** Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.
- d) **Interior Air Quality:** Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health.

- e) **Water Supply:** The water supply must be free from contamination at levels that threaten the health of individuals. If the unit is a manufactured home, it must be connected to permanent utility hook-ups.
- f) **Thermal Environment:** The housing must have adequate heating and/or cooling facilities in proper operating condition.
- g) **Illumination and Electricity:** The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire. If the unit is a manufactured home, it must be connected to permanent utility hook-ups.
- h) **Food Preparation and Refuse Disposal:** All food preparation areas must contain suitable space and equipment to store, prepare and serve food in a sanitary manner.
- i) **Sanitary Condition:** The housing and any equipment must be maintained in sanitary condition.
- j) **Lead-based paint:** If the structure was built prior to 1978, and there is a child under the age of six who will reside in the property and/or a household member who is pregnant, and the property has a defective paint surface inside or outside the structure, the property cannot be approved until the defective surface is repaired by at least scraping and painting the surface with two coats of non-lead based paint. Defective paint surface means: applicable surface on which paint is cracking, scaling, chipping, peeling or loose. Consultant is responsible for conducting on-site lead-based paint testing as applicable. Consultant further assumes costs related to lead-based paint testing and may NOT outsource such testing.
- k) **Smoke detectors:** The program must comply with the Fire Administration Authorization Act of 1992 (P.L. 102-522). Existing units must contain a single or multiple station smoke detector; outside each sleeping area; on each level; battery operated or hard wired; clearly audible or interconnected. Accommodations must be made for individuals with sensory impairments.

C. Inspection Report

Once the inspection referral request is made by BRHPC staff:

- a) The Housing Inspector must respond to BRHPC staff and acknowledge receipt of the inspection request within 24 hours.
- b) Contact the landlord within 24 hours to arrange for a site inspection and notify BRHPC staff when the inspection is scheduled.
- c) The Housing Inspector notifies BRHPC staff of the results of the inspection within 24 hours of the inspection date.

- d) All notifications should be done by e-mail to the staff member requesting inspection and also to inspections@brhpc.org.
- e) The Consultant must deliver by e-mail or hand all written inspection reports, using HUD form **52580**, Exhibit D to the BRHPC staff within five (5) working days of the inspection date.

III. METHOD OF PAYMENT

- A. Services provided will be paid as a monthly service at a rate of \$40.00 per property inspections and \$25.00 per property re-inspection with a maximum total contract amount not to exceed \$18,500.00 for the period of December 15, 2014 through September 30, 2015.
- B. The Consultant can submit a bi-monthly invoice (Exhibit E) with a summary of service activities performed. **The monthly invoice will be due to the BRHPC by the 5th business day of the month for the prior month's services rendered.** Consultant is to submit a monthly invoice, rather than bimonthly. Any invoices submitted more than ten (10) calendar days late may be deemed not reimbursable to Consultant.
- C. Invoices will not be processed for payment if the required deliverables outlined in Section IV. DELIVERABLES have not been submitted in a complete and accurate manner. BRHPC shall be the final authority in the degree of completion and accuracy of all deliverables.

IV. DELIVERABLES

| <u>Item</u> | <u>Frequency</u> |
|--|--|
| HUD Form 52580 –HQS Inspection | Weekly (Exhibit D) |
| Invoice with Service Activity Summary | Monthly with inspection originals (Exhibit E) |
| Business Associate Agreement | Upon Execution (Exhibit B) |
| Affidavit of Good Moral Character | Upon Execution (Exhibit C) |
| Other work products per BRHPC as agreed upon with Consultant | |

V. SPECIAL PROVISIONS

- A. The Consultant will cooperate with the BRHPC to arrange to have a Level 2 background screening completed according to the requirements specified in sections 435.04, 110.1 127, and subsection 39.001(2), F.S as a condition of this agreement. Fees for background screening checks shall be the responsibility of the BRHPC. The BRHPC will maintain the results of the screening in the Consultant's agreement file. As part of the initial screening process, the Consultant shall sign and notarize Exhibit C. Affidavit of Good Moral Character.

END OF PAGE

“At Will” Employment

The Broward Regional Health Planning Council is an “at will” employer. Consequently, employees serve at the pleasure of the Council without entitlements or “property rights” to continued employment. The employment relationship can be severed at any time by either the employee or the Council for any reason or no reason (except for an unlawful reason). Some positions at the Council are also dependent upon the receipt of grant funding for specified programs. Lack of funding, including curtailment of grant funding can be a cause for the Council to terminate the employment relationship.

Nothing set forth or contained in the Personnel Policies of the Broward Regional Health Planning Council, as it now exists or may in future be amended, shall change, alter or amend the “at will” status of Council employees. No Council manager or officer has any authority to make any arrangement or to make any agreement for employment other than for employment “at will” or limiting the discretion of the Council to modify any conditions of employment.

Nature of Work

This position assists with management of the Housing Opportunities for Persons With AIDS (HOPWA) program which provides assistance with rent, mortgage, and utilities for eligible clients living with HIV/AIDS. Provides Quality Assurance of all client applications and ensures they are properly processed and according to HUD guidelines. Also serves as the alternate liaison between BRHPC and the Grantee, the HOPWA Program Administrator from the City of Fort Lauderdale.

Supervision

The Coordinator will function under the direction and guidance of the Division Director, Maternal and Child Health, Housing Opportunities for People with AIDS (HOPWA). The Coordinator provides direction, management and leadership to all other HOPWA staff members.

Examples of Essential Job Functions

This program assists with the HOPWA program to support and provide eligible lower-income persons living with HIV/AIDS with rental, mortgage and utility assistance to live in private, independent apartment units. Manages Quality Assurance oversight and review of all applications and processing protocols for HOPWA assistance to determine client eligibility according to HUD guidelines. Occasional interaction and follow-up with landlords as necessary. Manages oversight of the recording and tracking of payments to ensure compliance with internal

BRHPC rules and the guidelines of the HOPWA program. Responsible for ensuring that comprehensive policies and procedures are in place and establishes and monitors program and reporting protocols as required. Maintains detailed case notes, records, correspondence and telephone log. Facilitates complaints, concerns, (application denials and/or client termination) appeals for the Division Director. Oversees and helps prepare monthly, quarterly and annual reports as required by the HOPWA contract. Case tracking system maintenance and follow-up. Schedule, prepare, and participate in meetings as assigned by the HOPWA Division Director. Assists as liaison to the HOPWA Administrator with City of Fort Lauderdale as necessary to meet grantee program needs and to ensure clarification of HOPWA rules and regulations. Develops and implements an ongoing Quality Assurance/Quality Improvement plan to optimize the performance and productivity of the HOPWA program. Other duties as assigned.

Knowledge, Abilities and Skills

- Strong interpersonal skills
- Strong organizational skills
- Strong computer skills
- Excellent verbal and written communication skills
- Identify errors in account numbers, dates, amounts or related information.
- Ability to read and understand data/information from a variety of computer spreadsheets, printouts, or related documents.
- Evaluate data/information and make decisions in accordance with established policies, procedures, and guidelines.
- Create, maintain, and update client case files.
- Ability to multi-task and manage time effectively
- Manage coordination of staff
- Ability to serve the public and fellow employees with honesty and integrity in full accord with the letter and spirit of Broward Regional Health Planning Council's Ethics, Conflict of Interest, Confidentiality and HIPAA policies.
- Ability to establish and maintain effective working relationships with the general public, co-workers, elected and appointed officials and members of diverse cultural and linguistic backgrounds, regardless of race, color, religion, age, gender, ethnicity, disability, sexual orientation, marital status or political affiliation.

Required Educational Experience and Training

- Bachelor Degree required;
- Three (3) years related work experience

Other Requirements

Satisfactory local and level II background screening
Valid State of Florida Drivers License with appropriate insurance coverage
Access to reliable transportation
Access to and use of a cellular phone

Effective Representation

Ability to effectively represent the Council as a positive role model for subordinates, to supervise in a job related, proactive manner, to effectively document performance and behavior anomalies, to coach, praise and counsel subordinates appropriately.

Represents the agency in a professional and respectful manner in working with clients, vendors, fellow employees, and all members of the public without regard to race, religion, age, disability, gender, national origin, sexual orientation, or other non job related criteria. Expected to exercise professional judgment at all times.

Ethical Conduct

Meets work obligations in a manner which effectively represents the best interests of tax payers and all members of the public without conflict of interest or personal gain beyond approved benefits and compensation. Takes positive action to avoid and report to supervisors any real or perceived conflicts of interest. Acts as a positive role model for colleagues and clients. Is an effective steward of agency resources, including funds, equipment, e-mail and other property.

FLSA Status

Exempt (Salary)

Employee Signature

Date

Supervisor Signature

Date

“At Will” Employment

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Nature of Work

The HOPWA Enrollment Specialist assists with the Housing Opportunities for Persons with AIDS (HOPWA) program which provides assistance with rent, mortgage, and utilities for eligible clients living with HIV/AIDS. The Enrollment Specialist conducts pre-screening of clients to determine threshold eligibility according to HUD guidelines.

Supervision

The HOPWA Enrollment Specialist will function under the direction and guidance of the HOPWA Housing Team Lead Reviewer.

Examples of Essential Job Functions

Ability to establish and maintain effective working relationships with the general public, and co-workers of diverse cultural and linguistic backgrounds, regardless of race, color, religion, age, gender, ethnicity, disability, sexual orientation, marital status or political affiliation.

Conduct prescreening of clients to determine threshold eligibility according to HUD guidelines. Assist clients in identifying required documentation for the HOPWA Program. Assists clients in the preparation of documents for the HOPWA application (e.g., photocopying documents).

Screen telephone calls for HOPWA inquiries. Logs client visits to BRHPC and schedule appointments for HOPWA Intake Workers.

Ability to perform a variety of tasks from client and landlord liaison to updating files, updating case notes, documenting case progress, following up with clients and landlords, assisting with various HOPWA program tasks and other duties as assigned.

Knowledge, Abilities and Skills

- Ability to sort/file materials alphabetically, chronologically, and numerically.
- Ability to read names, account numbers, amounts and related information on checks and/or other documents to be recorded.
- Ability to read and understand data/information from a variety of computer printouts or related documents.
- Ability to identify errors in account numbers, dates, amounts or related information.
- Ability to read and understand data/information from a variety of computer spreadsheets, printouts, or related documents.
- Ability to perform basic mathematical calculations involving addition, subtraction, multiplication and/or division.
- Ability to evaluate data/information and make decisions in accordance with established policies, procedures, and guidelines.
- Ability to create, maintain, and update client telephone and schedule log
- Ability to multi-task.
- Ability to bend, stoop, twist, and reach to shelve a variety of office and/or rental equipment and materials.
- Ability to lift and carry up to 20 lbs. without assistance.
- Ability to take notes and transcribe weekly team meeting minutes.
- Ability to serve the public and fellow employees with honesty and integrity in full accord with the letter and spirit of Broward Regional Health Planning Council's Ethics, Conflict of Interest, Confidentiality and HIPAA policies.
- Other duties as assigned.

Required Educational Experience and Training

- Associates Degree preferred
- Three (3) years related work experience

Other Requirements

Satisfactory local and level II background screening
Valid State of Florida Drivers License with appropriate insurance coverage
Access to reliable transportation

Effective Representation

Represents the agency in a professional and respectful manner in working with clients, vendors, fellow employees, and all members of the public without regard to race, religion, age, disability, gender, national origin, sexual orientation, or other non job related criteria. Expected to exercise professional judgment at all times.

Ethical Conduct

Meets work obligations in a manner which effectively represents the best interests of tax payers and all members of the public without conflict of interest or personal gain beyond approved benefits and compensation. Takes positive action to avoid and report to supervisors any real or perceived conflicts of interest. Acts as a positive role model for colleagues and clients. Is an effective steward of agency resources, including funds, equipment, e-mail and other property.

FLSA Status

Non-Exempt (Hourly)

Employee Signature

Date

Supervisor Signature

Date

“At Will” Employment

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Nature of Work

The Housing Reviewer assists the HOPWA Department with the reviewing of applications for rent, mortgage, and utilities for eligible clients living with HIV/AIDS. The reviewer analyzes HOPWA case applications for financial assistance to ensure client eligibility and verify the supporting documentation. The reviewer determines the type and amount of assistance qualification according to the HUD program guidelines and the framework of the Provide Enterprise HOPWA System. The position requires daily interaction and follow-up with the Assistance Screener, Housing Case Managers, and Quality Assurance Manager. Also requires daily interaction with landlords, mortgage companies, utility companies, and other housing assistance agencies. The reviewer is responsible for the preparation of payment vouchers and reviewing applications with supervisor. Maintains detailed case notes, records, correspondence and telephone log. Also responsible for case tracking system maintenance and follow-up.

Supervision

The Reviewer will function under the direction and guidance of the HOPWA Quality Assurance Manager and the Division Director of Child and Maternal Health and HOPWA. The HOPWA Housing Case Manager serves as the “gatherer” of information for the Reviewer and the liaison between the HOPWA program and the client. In the absence of the QA Manager and Division Director, the HOPWA Reviewer provides direction, management and leadership to the HOPWA Housing Case Managers.

Examples of Essential Job Functions

Ability to establish and maintain effective working relationships with the general public, and co-workers of diverse cultural and linguistic backgrounds, regardless of race, color, religion, age, gender, ethnicity, disability, sexual orientation, marital status or political affiliation.

Ability to perform a variety of tasks from landlord and property inspector liaison to updating client files, updating case notes, documenting case progress, following up with landlords, creating reports, serving as the link between HOPWA and the BRHPC finance department and assisting with various HOPWA program tasks and other duties as assigned.

Knowledge, Abilities and Skills

REQUIRED AT TIME OF HIRE (Applicants are expected to possess the required Knowledge, Abilities, and/or Skills listed below prior to being hired for positions in this job class.)

- Ability to sort/file materials alphabetically, chronologically, and numerically.
- Ability to read names, account numbers, amounts and related information on checks and/or other documents to be recorded.
- Ability to read and understand data/information from a variety of computer printouts or related documents.
- Ability to identify errors in account numbers, dates, amounts or related information.
- Ability to read and understand data/information from a variety of computer spreadsheets, printouts, or related documents.
- Ability to perform basic mathematical calculations involving addition, subtraction, multiplication and/or division.
- Ability to evaluate data/information and make decisions in accordance with established policies, procedures, and guidelines.
- Ability to create, maintain, and update client case files.
- Ability to multi-task.

- Ability to communicate effectively verbally and with word processing and written communication
- Advanced interpersonal relation skills
- Able to manage multiple projects with committed deadlines and consistently demonstrate high attention to detail
- Highly organized, comfortable following processes within a dynamic team environment
- Proficiency in Excel, Word, and data entry systems
- Ability to bend, stoop, twist, and reach to shelve a variety of office and/or rental equipment and materials.
- Ability to lift and carry up to 20 lbs. without assistance.
- Ability to serve the public and fellow employees with honesty and integrity in full accord with the letter and spirit of Broward Regional Health Planning Council's Ethics, Conflict of Interest, Confidentiality and HIPAA policies.
- Ability to establish and maintain effective working relationships with the general public, co-workers, elected and appointed officials and members of diverse cultural and linguistic backgrounds, regardless of race, color, religion, age, gender, ethnicity, disability, sexual orientation, marital status or political affiliation.

Required Educational Experience and Training

- Associates Degree required; Bachelor Degree Preferred
- Three (3) years related work experience

Other Requirements

Satisfactory local and level II background screening

Pass jail clearance requirements

Valid State of Florida Drivers License with appropriate insurance coverage

Access to reliable transportation

Access to and use of a cellular phone

Effective Representation

Represents the agency in a professional and respectful manner in working with clients, vendors, fellow employees, and all members of the public without regard to race, religion, age, disability, gender, national origin, sexual orientation, or other non job related criteria. Ability to exercise professional judgment at all times.

Ethical Conduct

Meets work obligations in a manner which effectively represents the best interests of tax payers and all members of the public without conflict of interest or personal gain beyond approved benefits and compensation. Takes positive action to avoid and report to supervisors any real or perceived conflicts of interest. Acts as a positive role model for colleagues and clients. Is an effective steward of agency resources, including funds, equipment, e-mail and other property.

FLSA Status

Non Exempt (Hourly)

Employee Signature

Date

Supervisor Signature

Date

Nature of Work

The HOPWA Housing Specialist will provide comprehensive case management services to qualified HOPWA program clients to facilitate the agency's ability to address necessary temporary and/or permanent housing solutions and related services, all as part of the objective of returning the client to self-sufficiency. The Housing Specialist works directly with HOPWA-eligible participants and develops, arranges and coordinates case plans towards the goal of independent housing. Supervise caseload of diverse individuals/ families suffering from or "at-risk" of homelessness. The Housing Specialist serves as the liaison between the HOPWA program and the client.

Supervision

The Housing Specialist will function under the direction and guidance of the HOPWA Housing Team Leader/Processor and the Division Director of Child and Maternal Health and HOPWA.

Examples of Essential Job Functions

Ability to establish and maintain effective working relationships with the general public, and co-workers of diverse cultural and linguistic backgrounds, regardless of race, color, religion, age, gender, ethnicity, disability, sexual orientation, marital status or political affiliation.

Ability to perform a variety of tasks from client liaison to creating and updating files, creating and updating case notes, documenting case progress, following up with clients, linking to community resources, assisting with various HOPWA program tasks and other duties as assigned.

Meet families/individuals in their home, place of employment or schooling, to encourage and affect positive cognitive and behavioral change. Identify homelessness/ "at-risk" factors in the individual's lifestyle to develop prevention and intervention strategies in order to lessen the likelihood of the individual/family returning to homelessness. Be an advocate for change. Ensure the individual's/families' understanding of financial planning, goal setting, public transportation, parenting, and ability to work within community organizations.

Coordinate services with other HOPWA services providers including: Emergency Transition Housing, Substance Abuse Housing, Community Based Housing, Mental Health Housing, Assisted Living Facility, Project Based Rent Housing, Tenant Based Rental Voucher Housing, Permanent Housing Placement, Short-Term Rent Mortgage Utilities.

Other duties include meeting with counselors/various service providers, referring/linking to community-based resources as necessary, developing recommendations of treatment, work with church/government sponsors and other volunteers, work with the individual/child(ren) in assessing their individual and educational needs, act as a family's/individual's advocate, writing of multiple reports, and adapting to the ever-changing needs of the homeless and/or "at-risk" population.

Knowledge, Abilities and Skills

- Ability to communicate effectively, both orally and in writing.
- Ability to establish and maintain effective working relationships with the general public, provider agencies, governmental organizations, business leaders, elected and appointed officials, and members of diverse cultural backgrounds.
- Ability to establish goals and objectives and to implement an appropriate care plan with identified client outcomes.
- Ability to establish priorities, meet deadlines, develop and manage the client's care plans.
- Ability to form positive, collaborative relationships with members of the HOPWA team.
- Ability to problem solve in a proactive, creative manner, using sound judgment based on factual and clinical knowledge.
- Ability to effectively negotiate with internal and external service providers. Knowledge of external requirements that impact the residents, such as the Department of Health, Department of Children and Families, Broward County Government, non-profit providers, etc.
- Ability to maintain confidentiality of records and information.
- Ability to speak in Spanish is preferred.

Required Educational Experience and Training

Bachelor's degree in Social Work or related field preferred.

Will consider work experience and other certificate training in lieu of degree requirement.

Other Requirements

Satisfactory local and level II background screening

Valid State of Florida Drivers License with appropriate insurance coverage

Access to reliable transportation

FLSA Status

Non-Exempt (Hourly)

BRHPC is an equal opportunity employer and participates in E Verify.



HEALTH & HUMAN SERVICE INNOVATIONS

Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100
Hollywood, Florida 33020-1929

T: (954) 561-9681
F: (954) 561-9685
E: info@brhpc.org

Administration

BOARD OF DIRECTORS

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Cary Zinkin, D.P.M.

Michael De Lucca, MHM
President and CEO

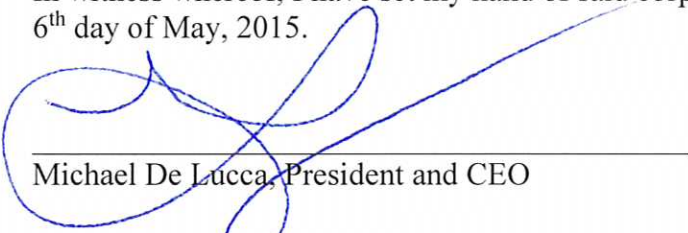
Equal Opportunity Employer

ATTACHMENT 1.4.2

DESIGNATION OF STAFF LIAISON

I, Michael De Lucca, President and CEO, Broward Regional Health Planning Council, Inc. designate Michele Rosiere, Division Director, as the liaison for HOPWA programs for BRHPC and will be responsible for monitoring contract provisions and meet with City staff to review activities as needed.

In witness whereof, I have set my hand of said corporation in Hollywood, Florida on this 6th day of May, 2015.



Michael De Lucca, President and CEO

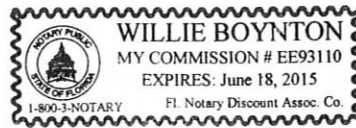
State of FLORIDA
County of BROWARD

Before me personally appeared Michael De Lucca, and know to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that Michael De Lucca executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this 6th day of May, 2015.



Notary Public, State of Florida





MISSION STATEMENT

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

BRHPC strives to demonstrate excellence through quality delivery of HIV/AIDS Service Planning, Quality Assurance, Housing Assistance, Consumer Advocacy, Mental Health, Substance Abuse, Eligibility, Maternal and Child Health Services and Re-Entry services to all populations in need, by continually providing coordinated, efficient cost effective and client centered services.

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.
200 Oakwood Lane, Suite 100
Hollywood, FL 33020

**BOARD OF DIRECTORS
2014/2015**

CHAIR

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HOPWA Client Confidentiality Requirements

Client names, unique personal identifying codes and other individual information on documents must be kept confidential, as required by the HOPWA federal regulations at 24 CFR 574.440. Unauthorized disclosure of any medical information regarding a client, without prior written consent, may subject the program to legal action. To ensure that the client's confidentiality as it relates to his or her HIV-status, AIDS diagnosis, general medical history, mental health or substance abuse history, the following requirements must be adhered to:

1) No Disclosure of HIV/AIDS Status without Written Consent. Without express written consent of the client, the program, including may not disclose the client's HIV/AIDS status, nor that the client is eligible for program assistance because of the client's HIV/AIDS status. This information may only be disclosed to other service and housing agencies, landlords, and other parties if the client expressly consents to such disclosure in writing utilizing the Authorization for Use & Disclose of Information Form (See Appendix). The client's expressed consent to disclose their HIV/AIDS status must specifically designate the person or agency to whom disclosure may be made. Generally, the Housing Case Manager will be responsible for having the client complete at least two separate Authorization for Use & Disclosure of Information forms: one including the Housing Case Manager with authorization to share information regarding HIV/AIDS and housing, another for landlords, utility companies, and other service providers with authorization to share only housing related information.

2) Written Correspondence, Program Forms and Material Directed at Persons without Consent to Know Client's HIV/AIDS Status. All written correspondence, program forms or documents specifically concerning the client that are directed towards, or made available to, landlords, other agencies or third parties, who are not identified in a client's written consent, must avoid even inadvertent disclosure of the client's HIV/AIDS status. Therefore, such correspondence, forms or materials must not make reference to, for example, "Housing Opportunities for Persons with AIDS"; "HOPWA" or "housing program for persons with HIV/AIDS". Instead such material will refer to the client as an applicant or participant in a federal housing program providing financial assistance towards the client's housing. If any third parties who are not identified in a client's written consent request information regarding program eligibility criteria (either generally or in relation to a specific client), program staff should first determine whether it is necessary to describe this information (e.g. a landlord requires additional information regarding program eligibility requirements before making a determination regarding the landlord's willingness to work with the program). If it is not necessary to describe eligibility criteria, program staff shall not provide the information. If it is necessary to describe eligibility criteria, program staff shall do so in these general terms: The program serves clients with low or no income, who are homeless or at risk of becoming homeless, and who are living with specific health conditions.

3) Secured Client Record Keeping and Storage. Any information which directly discloses a client's HIV/AIDS status, or indirectly by virtue of being identified as a client, will not be visible or accessible to program staff persons without a need to know or to any other persons.

a) client records will be maintained in a central, secure filing room with controlled access. During working hours, primary or secondary client files must be stored in a locked drawer or cabinet when no staff person is present.

- b) A client file, or materials intended for a client's case record, must never be left on a desk, even with the door locked, when there is no staff person in the office.
- c) Housing Case Managers may transport files outside of their secure office setting only in a locked box or filing carrier.
- d) The program will maintain a client central database and access to the database will be strictly controlled by BRHPC.
- e) Personal client concerns will not be discussed where other persons might overhear the conversation (i.e. public areas).

4) Email & Fax Communications. No material which directly discloses a client's name and HIV/AIDS status, or indirectly by identifying the client as a HOPWA applicant client, will be transmitted by email unless the client expressly consents to such a transmission. Fax transmission of information will be allowed by using a confidential fax machine only.

5) Agency Staff Affidavit: Client Confidentiality. All program staff must review and sign a "Statement of Confidentiality", as part of their orientation process. Access to client records is restricted to /HOPWA program staff with the "need to know" the client's medical information. A need to know is present, and knowledge of the client's HIV status is permitted, if the employee or agent, in order to perform properly his/her normal job functions, must have access to the client's medical background. 6) Informing Clients of Confidentiality Rights. At the time of referral for assistance, the Housing Case Manager must obtain an updated Authorization for Use & Disclose of Information, which includes the Housing Case Manager. At the time of Certification the Housing Case Manager will explain the client's rights to confidentiality, as well as, the need for prior written authorization to disclose client information. A client will be informed that all information contained in the client's file is confidential; and that staff with access to information about the client are bound by confidentiality guidelines and will not disclose this information without prior written consent.

BRHPC requires the Notice of Privacy Practices as a part of the Client's Participation Agreement and will sign the Acknowledgement of Receipt. The original signed copy will be maintained in the client file. In regards to securing client consent to disclose, clients have a right to give consent freely and voluntarily. However, the client will be informed that assistance is contingent upon the client's consent to the disclosure of his or her HIV/AIDS status to the program. The client discloses HIV status by virtue of a application to the program. If a client believes a breach of confidentiality regarding their HIV status has occurred, they should immediately inform the Quality Assurance Manager or Program Director and file a grievance using the Grievance forms and procedures.



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Michael De Lucca, MHM
President and CEO

Equal Opportunity Employer

ATTACHMENT 1.6.2

STATEMENT TO SERVE ALL CLIENTS

Broward Regional Health Planning Council, Inc. (BRHPC) will insure that the agency serves all persons who qualify for assistance regardless of their race, color, religion, gender, age, national origin, familial status, sexual orientation, medical or mental condition, or disability. BRHPC is in full compliance with all responsibilities under the relevant local, State and Federal local requirements for nondiscrimination and equal opportunity. In particular, BRHPC fully complies with the applicable provisions of the Americans with Disabilities Act (42 USC 12101-12213) and implementation of regulations 28 CFR part 35 and 36.

BRHPC will document evidence of outreach efforts for HOPWA services, to ensure that access to facilities and services is available to all those clients who qualify. The mechanisms used by BRHPC to fulfill these responsibilities include specialized training and supervision of Housing Assistance staff on the various aspects of non-discrimination practices and responsibilities, encouraging clients to report alleged violations, and conducting random audits on a selected number of client files to ensure proper compliance.

In witness whereof, I have set my hand of said corporation in Hollywood, Florida in this 6th day of May, 2015.

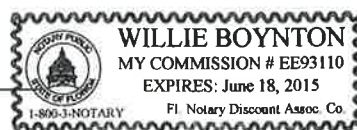
Michael De Lucca, President and CEO

State of FLORIDA
County of BROWARD

Before me personally appeared Michael De Lucca, and know to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that Michael De Lucca executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this 6th day of May, 2015.

Notary Public, State of Florida



Attachment 1.6.3

HOPWA Quality Control and Monitoring Process

In keeping with the vision and mission of the BRHPC and the HUD HOPWA guidelines, the Housing Assistance division staff conducts regular analysis of client satisfaction with HOPWA services. This is accomplished by utilizing a client satisfaction survey. The purpose of this activity is to ensure all client concerns are addressed in an attempt to circumvent the need for a complaint or grievance. This process allows the BRHPC HOPWA Staff to respond more quickly to any concerns a client may have, ensuring a high quality of provided BRHPC HOPWA services is maintained and access to needed services are not delayed.

Client Satisfaction Survey

Each client is asked during the following points in service if they would like to complete a Client Satisfaction Survey: (1) After the interaction with the Housing Assistance Screener, (2) After completing the application with the Housing Case Manager, and (3) During interactions with the Case Management Staff including Housing Case Manager. The survey evaluates quality measures for Housing Assistance Screener and Housing Case Manager. The survey may be self-administered by the client or with help from a staff person or volunteer.

The Housing Assistance Screener or the Housing Case Managers may not administer the survey to ensure confidentiality and unbiased responses. Completed surveys are submitted and collected by the Quality Assurance Manager. The QA Manager is responsible for analyzing these client satisfaction surveys on a quarterly basis as part of the ongoing process to measure, maintain, and improve quality services to HOPWA clients and report their findings to the Quality Assurance/Quality Improvement (QA/QI) Committee and the grantee on a regular basis. BRHPC HOPWA Staff addresses any concerns identified during these surveys immediately.

Client File Quality Assurance

For the HOPWA program, an added internal review measure is conducted for every application. Each application will be reviewed at the Quality Assurance level to ensure compliance with program directives and HOPWA guidelines upon completion. This review provides an effective assurance that the application not only meets the threshold criteria for processing, but is in fact being processed correctly and that the HOPWA contractual obligations are being properly met. Any errors, omissions, or sources of confusion can be quickly discovered and resolved in a very timely manner between the Housing Case Manager and Quality Assurance Manager, thereby eliminating delays that may arise when particularly difficult, long, or unusual applications are submitted. HOPWA staff meetings are held to discuss difficult cases to help illustrate how general HOPWA program guidelines are applied to specific instances. In practice over the last few months of experience with the HOPWA STRMU and PHP programs, we have found this level of proactive supervisory review increases the efficiency of application processing, subsequently curtailing the incidence of eviction, utility shut-offs, and number of homeless days endured by many clients seeking emergency assistance.

Fiscal Quality Assurance

Fiscally, BRHPC has demonstrated the ability to rapidly process approved applications for eligible clients and make payments to the designated payees. The Finance Department is staffed by a Certified Public Accountant, Director of Finance and Contracts, Accounting Coordinator and Housing Accounting Processor. The process for issuing timely payments begins at receipt of invoices/bills, or in the case of HOPWA related payments, the completed application for financial assistance. Each application is reviewed within 5 business days. Once all required fields have been verified as completed on the application, Reviewers meet with the Quality Assurance

Manager for payment approvals. After approvals, the Reviewer issues a commitment for payment to the landlord, mortgage or utility company, within 1 business day. A check request that has already been created by the processor is approved and signed off by the Quality Assurance Manager and processed by the Accounting Department. Through the use of accounting and tracking software, an obligation is created which posts to the appropriate cost center and line item account and the check is printed. Upon issue of the check, the President/Chief Executive Officer reviews the check request and signs the check. If the check is under \$5,000 a facsimile second signature is applied. For payments \$5,000 or greater, two original signatures are required.

The agency ensures that the payment schedule for the HOPWA program will be responsive and flexible to the needs of the clients. As such, BRHPC has enhanced the timeline for processing of utility, rent or mortgage payments for the current HOPWA STRMU and PHP contracts issuing checks for these programs at least twice a week. Assuring the complete provision of timely voucher payments under the HOPWA programs, BRHPC has the capacity cash flow and reserves to accommodate this payment program in excess of 2 months, thereby guaranteeing continuity of disbursement responsibilities to landlords. Payments for approved applications will be made within two (2) business days. Checks are mailed out the day in which they are created. All checks issued are copied and sent back to the Housing Case Managers to be filed in the clients charts and ensure timely processing.

In addition, when BRHPC convenes its own internal Quality Assurance and Improvement Committee on a monthly basis to monitor all contractual compliances, the process of payments under the HOPWA proposal are reviewed. The Quality Assurance Manager will collaborate with

the Reviewers, Housing Case Managers and Finance Department to provide case studies, trend analysis, and if necessary detailed audits of specific transactions.



Nurse-Family Partnership Broward

Outcome Report

Reporting Period: January 1, 2014 to December 31, 2014

Run Date: January 9, 2015

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Introduction:

Nurse-Family Partnership Outcome Report

January 9, 2015

The purpose of the Nurse-Family Partnership Outcomes Report is to help every supervisor monitor the extent to which her/his team is achieving outcomes that can be measured while a family is active in the Program and that are related to common indicators of maternal, child, and family functioning.

The Outcomes Report is populated from data collected in the field related to achieving the following outcomes:

- Changes in smoking status during pregnancy
- Premature births by race and ethnicity
- Premature births by mother's age at infant birth
- Low birth weight by race and ethnicity
- Breastfeeding initiation and continuation at 6 and 12 months
- Child's immunizations
- Subsequent pregnancies at 6, 12, 18 and 24 months
- Workforce participation over time for clients 18 years and older at intake
- Ages and Stages Questionnaire screening and referrals

The NFP-NSO is undertaking further work to convert more outcomes from other reports into this format.

The outcomes in the report are drawn from the program's research trials and early dissemination experiences and can be used as a guide for program performance. You can find objectives related to some of these outcomes on the NFP Community>Agency Support> NFP Program Objectives. When reviewing these objectives, it is important to note that NFP clients typically are at higher risk for poor birth outcomes, since NFP clients on average, are younger, lower income, less educated, first-time mothers drawn from diverse racial and ethnic populations. While it is a national goal to eliminate disparities in health outcomes, the progress NFP agencies can achieve in reaching these objectives may vary based on the composition of the population served.

The report contains one or more tables for each outcome, reported by team and agency, or by agency and state. It is pulled from the NFP data warehouse and reflects data collected in Efforts to Outcomes (ETO)TM by nurse home visitors or supervisors and various other data collection sources. Please be aware that calculations for these outcomes may be different from the calculations in other reports such as the Quarterly Reports and ETO Reports.

We recommend that as you begin to use this report, you review the Outcomes Report Guidance located on the NFP Community>Quality>Reports to

enhance your knowledge and understanding of each outcome and calculation. The Outcomes Report Guidance includes:

- An overview of the report.
- List of definitions such as active client and the nurse population.
- Description of each of the tables within the report.
- Information on the NFP Data Quality project.

The NFP Outcomes Report is a static report comparing results from the year ending with the most recent quarter to results achieved during the analogous preceding year (for example, for the year ending June 30, 2013 (Base), versus the year ending June 30, 2012 (Compare)). As you will see, the report also compares performance on each outcome with the performance of the 75th percentile agency (that is, if all agencies were ranked from best performing with respect to an outcome to poorest performing, the 75th percentile agency is the one that performed better than 74.9% of all agencies). Please Note: The accuracy of the report is a direct consequence of the accuracy of your entity's data in the NFP data system. Results will be especially sensitive to the accuracy and completeness of data with respect to client and child's birth date, gestational age at birth, birth weight, breastfeeding, smoking status, subsequent pregnancies, client's work force status, children's immunizations, and Ages and Stages Questionnaire screening and referrals. Each table in the guidance document provides information about ways to address data quality. For any additional questions regarding improving data quality please contact TechnicalSupport@NurseFamilyPartnership.org.

The Outcomes Report may contain information considered Protected Health Information (PHI) under HIPAA. Therefore, what you can access is controlled by either NFP-NSO distribution of the reports and/or your role via your log-in and password. In any case, you should treat all NFP Outcomes Reports as PHI.

Your Nurse Consultant will work with you and the Regional Quality Coordinator to help interpret the report and, if needed, to develop priorities and a plan to improve achievement of outcomes.

Please send any comments and questions about the report to NFP technical support at TechnicalSupport@NurseFamilyPartnership.org. The NSO will be capturing all such feedback, assessing it, and using it to guide report improvements.

List of Table and Figures:**Outcome 1: Changes in smoking during pregnancy phase.**

Table 1: Change in smoking status during pregnancy phase

Table 2: Clients with missing smoking data

Outcome 2: Premature birth by mother's race/ethnicity.

Table 1: Births less than 39 weeks gestation by mother's ethnicity

Table 2: Births less than 39 weeks gestation by mother's race

Table 3: Premature birth at less than 37 weeks gestation by mother's ethnicity

Table 4: Premature birth at less than 37 weeks gestation by mother's race

Outcome 3: Premature birth by mother's age at infant birth.

Table 1: Births less than 39 weeks gestation by mother's age at infant birth

Table 2: Premature birth at less than 37 weeks gestation by mother's age at infant birth

Outcome 4: Low Birth Weight births by mother's race/ethnicity.

Table 1: Low birth weight infants

Table 2: Low birth weight infants by mother's ethnicity

Table 2: Low birth weight infants by mother's race

Outcome 5: Client breastfeeding at birth, 6 and 12 months.

Table 1: Client initiated breastfeeding at birth

Table 2: Breastfeeding at 6 months

Table 3: Breastfeeding at 12 months

Outcome 6: Children with up to date immunizations at 6, 12, 18 and 24 months.

Table 1: Children with up-to-date immunizations at 6 months

Table 2: Children with up-to-date immunizations at 12 months

Table 3: Children with up-to-date immunizations at 18 months

Table 4: Children with up-to-date immunizations at 24 months

Outcome 7: Reported subsequent pregnancies at 6, 12, 18 and 24 months.

Table 1: Subsequent pregnancies at 6 months

Table 2: Subsequent pregnancies at 12 months

Table 3: Subsequent pregnancies at 18 months

Table 4: Subsequent pregnancies at 24 months

Outcome 8: Workforce participation over time for clients who were 18 years or older at intake.

Table 1: Workforce participation at intake for clients who were 18 years of age or older at intake

Table 2: Workforce participation at 6 months for clients who were 18 years of age or older at intake

Table 3: Workforce participation at 12 months for clients who were 18 years of age or older at intake

Table 4: Workforce participation at 18 months for clients who were 18 years of age or older at intake

Table 5: Workforce participation at 24 months for clients who were 18 years of age or older at intake

Outcome 9: Ages and Stages Questionnaire Screening and Referral Rates.

Table 1: Children screened with ASQ:SE in at least one subscale at each interval

Outcome 1: Changes in smoking during pregnancy phase.

Prenatal use of tobacco, alcohol and other drugs has been associated with various adverse birth outcomes such as low birth weight, preterm delivery, and spontaneous abortion. Assessments of personal health habits, including smoking and the use of alcohol, are conducted periodically: shortly after enrollment, at 36 weeks of pregnancy, and at 12 months of infancy. Because health habits are measured at different time periods, it is possible to consider changes in these behaviors as intervening outcomes. Cigarette use is defined as “one or more cigarettes in the previous 48 hours.” The NFP objective is 20% or greater reduction in the percentage of women smoking from intake to 36 weeks pregnancy.

Outcome 1 Table 1:

| Change in smoking status during pregnancy phase | | | | | |
|--|-----------------|--------------------|----------------------------------|--|------------------------------|
| Base period: from 1/1/2014 through 12/31/2014 | | | | | |
| Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Clients smoking at intake § | 0.0% (0) | 0.0% (0) | 0.0% | 2.0% | -2.0% |
| Clients smoking at 36 weeks § | 0.0% (0) | 0.0% (0) | 0.0% | 1.9% | -1.9% |
| Clients with smoking data* | 49 | 0 | | | |
| Change in smoking status † | 0.0% | 0.0% | 0.0% | -25.0% | 25.0% |
| State | | | | | |
| Florida | | | | | |
| Clients smoking at intake § | 2.3% (5) | 2.7% (4) | -0.4% | 2.0% | 0.3% |
| Clients smoking at 36 weeks § | 2.3% (5) | 2.0% (3) | 0.3% | 1.9% | 0.5% |
| Clients with smoking data* | 214 | 148 | | | |
| Change in smoking status † | 0.0% | -25.0% | 25.0% | -25.0% | 25.0% |
| National | | | | | |
| National | | | | | |
| Clients smoking at intake § | 8.7% (1,062) | 8.7% (1,055) | 0.0% | 2.0% | 6.7% |
| Clients smoking at 36 weeks § | 7.5% (916) | 7.2% (868) | 0.4% | 1.9% | 5.7% |
| Clients with smoking data* | 12,194 | 12,125 | | | |
| Change in smoking status † | -13.7% | -17.7% | 4.0% | -25.0% | 11.3% |

Footnotes:

§ n = clients who reported having smoked one or more cigarettes in the previous 48 hours.

* Only clients who answered the question “In the last 48 hours, HOW MANY cigarettes have you smoked?” at intake and 36 weeks of pregnancy on the Health Habits form and the 36 weeks form was submitted during the period are included.

† Change = (percent at 36 weeks - percent at intake)/percent at intake.

Note: Clients who transferred between intake and 36 weeks pregnancy are excluded from this outcome.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses’ interviews with mothers and nurses’ reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 1 Table 2:

| Clients with missing smoking data* | | | | | |
|--|-----------------|--------------------|----------------------------------|--|------------------------------|
| Base period: from 1/1/2014 through 12/31/2014 | | | | | |
| Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Clients missing smoking data at intake § | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Clients missing smoking data at 36 weeks § | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Clients missing smoking data at intake and 36 weeks § | 0.0% (0) | 0.0% (0) | | | |
| Clients with health habits forms for intake and 36 weeks | 49 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Clients missing smoking data at intake § | 1.4% (3) | 0.0% (0) | 1.4% | | |
| Clients missing smoking data at 36 weeks § | 0.9% (2) | 1.3% (2) | -0.4% | | |
| Clients missing smoking data at intake and 36 weeks § | 0.0% (0) | 0.0% (0) | | | |
| Clients with health habits forms for intake and 36 weeks | 219 | 150 | | | |
| National | | | | | |
| National | | | | | |
| Clients missing smoking data at intake § | 1.4% (172) | 1.4% (172) | 0.0% | | |
| Clients missing smoking data at 36 weeks § | 2.0% (253) | 2.1% (263) | -0.1% | | |
| Clients missing smoking data at intake and 36 weeks § | 0.2% (19) | 0.9% (113) | | | |
| Clients with health habits forms for intake and 36 weeks | 12,638 | 12,673 | | | |

Footnotes:

* Only clients who submitted both Health Habits forms at intake and 36 weeks and the 36 weeks form was submitted during the period are included.

§ n = clients who submitted a Health Habits form but did not answer the question "In the last 48 hours, HOW MANY cigarettes have you smoked?" at the appropriate time point.

Note: Clients who transferred between intake and 36 weeks pregnancy are excluded from this outcome.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 2: Premature birth by mother's race/ethnicity.

Gestational age and weight at birth are measures of infant health, with birth before 37 weeks gestation considered preterm. Reduction of preterm births is considered the best way to reduce infant illness, disability, and death. The NFP objective is a Preterm birth rate of 11.4% or less.

Outcome 2 Table 1:

| Births less than 39 weeks gestation by mother's ethnicity | | | | | |
|--|-------------------------|----------------------------|--|--|--------------------------------------|
| Base period: from 1/1/2014 through 12/31/2014 | | | | | |
| Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Births less than 39 weeks to mothers who identified as non-Hispanic or Latina § † | 45.8% (11) | 0.0% (0) | 45.8% | 24.7% | 21.2% |
| Births less than 39 weeks to mothers who identified as Hispanic or Latina § † | 40.0% (6) | 0.0% (0) | 40.0% | 23.1% | 16.9% |
| Births less than 39 weeks to mothers who declined to self-identify § † | 0.0% (0) | 0.0% (0) | 0.0% | 33.3% | -33.3% |
| Births less than 39 weeks to mothers who did not answer question about ethnicity § † | 0.0% (0) | 0.0% (0) | | | |
| Total births at less than 39 weeks § | 43.6% (17) | 0.0% (0) | 43.6% | 25.0% | 18.6% |
| Births to mothers who identified as non-Hispanic or Latina | 61.5% (24) | 0.0% (0) | 61.5% | | |
| Births to mothers who identified as Hispanic or Latina | 38.5% (15) | 0.0% (0) | 38.5% | | |
| Births to mothers who declined to self-identify | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who did not answer question about ethnicity | 0.0% (0) | 0.0% (0) | | | |
| Total births with a reported gestational age at birth * | 39 | 0 | | | |
| Total Births ^ | 39 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Births less than 39 weeks to mothers who identified as non-Hispanic or Latina § † | 39.5% (64) | 36.5% (54) | 3.0% | 24.7% | 14.8% |

Outcome 2 Table 1:

| Births less than 39 weeks gestation by mother's ethnicity Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|----------------------|----------------------|----------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Births less than 39 weeks to mothers who identified as Hispanic or Latina § † | 31.1% (19) | 16.0% (4) | 15.1% | 23.1% | 8.1% |
| Births less than 39 weeks to mothers who declined to self-identify § † | 0.0% (0) | 50.0% (1) | -50.0% | 33.3% | -33.3% |
| Births less than 39 weeks to mothers who did not answer question about ethnicity § † | 0.0% (0) | 50.0% (1) | | | |
| Total births at less than 39 weeks § | 36.6% (83) | 33.7% (60) | 2.9% | 25.0% | 11.6% |
| Births to mothers who identified as non-Hispanic or Latina | 71.4% (162) | 83.1% (148) | -11.8% | | |
| Births to mothers who identified as Hispanic or Latina | 26.9% (61) | 14.0% (25) | 12.8% | | |
| Births to mothers who declined to self-identify | 0.0% (0) | 1.1% (2) | -1.1% | | |
| Births to mothers who did not answer question about ethnicity | 0.9% (2) | 1.1% (2) | | | |
| Total births with a reported gestational age at birth * | 225 | 177 | | | |
| Total Births ^ | 227 | 178 | | | |
| National | | | | | |
| National | | | | | |
| Births less than 39 weeks to mothers who identified as non-Hispanic or Latina § † | 31.7% (2,687) | 32.1% (3,002) | -0.4% | 24.7% | 7.0% |
| Births less than 39 weeks to mothers who identified as Hispanic or Latina § † | 31.2% (1,409) | 31.1% (1,518) | 0.1% | 23.1% | 8.1% |
| Births less than 39 weeks to mothers who declined to self-identify § † | 29.3% (61) | 32.5% (94) | -3.2% | 33.3% | -4.0% |
| Births less than 39 weeks to mothers who did not answer question about ethnicity § † | 32.2% (416) | 31.7% (228) | | | |
| Total births at less than 39 weeks § | 31.3% (4,583) | 31.6% (4,842) | -0.3% | 25.0% | 6.3% |
| Births to mothers who identified as non-Hispanic or Latina | 57.8% (8,477) | 60.9% (9,342) | -3.1% | | |

Outcome 2 Table 1:

| Births less than 39 weeks gestation by mother's ethnicity Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|-----------------|--------------------|----------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Births to mothers who identified as Hispanic or Latina | 30.8% (4,515) | 31.8% (4,884) | -1.1% | | |
| Births to mothers who declined to self-identify | 1.4% (208) | 1.9% (289) | -0.5% | | |
| Births to mothers who did not answer question about ethnicity | 8.8% (1,291) | 4.7% (720) | | | |
| Total births with a reported gestational age at birth* | 14,528 | 15,235 | | | |
| Total Births ^ | 14,663 | 15,338 | | | |

Footnotes:

§ n = number of births which occurred at greater than or equal to 18 weeks and less than 39 weeks gestation.

† Percentage of births less than 39 weeks = number of births less than 39 weeks for each ethnicity/total number of births for each ethnicity.

* Births include only those clients with an infant date of birth during the period and who answered "Gestational Age at Birth" with a value greater than or equal to 18 weeks. In the case of multiple births, the first listed infant is used for the calculation of births less than 39 weeks.

^ Total births include those infants with an infant date of birth during the period recorded on the Infant Birth form.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 2 Table 2:

| Births less than 39 weeks gestation by mother's race Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-------------------|--------------------|----------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Births less than 39 weeks to mothers who identified as American Indian or Alaska Native § † | 0.0% (0) | 0.0% (0) | 0.0% | 33.3% | -33.3% |
| Births less than 39 weeks to mothers who identified as Asian § † * | 0.0% (0) | 0.0% (0) | 0.0% | 31.6% | -31.6% |
| Births less than 39 weeks to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) § † * | 0.0% (0) | 0.0% (0) | 0.0% | 0.0% | 0.0% |
| Births less than 39 weeks to mothers who identified as Black or African American § † | 47.8% (11) | 0.0% (0) | 47.8% | 28.6% | 19.3% |
| Births less than 39 weeks to mothers who identified as Native Hawaiian or Pacific Islander § † * | 0.0% (0) | 0.0% (0) | 0.0% | 33.3% | -33.3% |
| Births less than 39 weeks to mothers who identified as White § † | 36.4% (4) | 0.0% (0) | 36.4% | 24.1% | 12.2% |
| Births less than 39 weeks to mothers who identified as multiple responses § † | 100.0% (1) | 0.0% (0) | 100.0% | 30.0% | 70.0% |
| Births less than 39 weeks to mothers who declined to self-identify § † | 33.3% (1) | 0.0% (0) | 33.3% | 26.8% | 6.5% |
| Births less than 39 weeks to mothers who did not answer question about race § † | 0.0% (0) | 0.0% (0) | | | |
| Total births at less than 39 weeks § | 43.6% (17) | 0.0% (0) | 43.6% | 25.0% | 18.6% |
| Births to mothers who identified as American Indian or Alaska Native | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who identified as Asian * | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) * | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who identified as Black or African American | 59.0% (23) | 0.0% (0) | 59.0% | | |

Outcome 2 Table 2:

| Births less than 39 weeks gestation by mother's race Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-----------------|--------------------|----------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Births to mothers who identified as Native Hawaiian or Pacific Islander * | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who identified as White | 28.2% (11) | 0.0% (0) | 28.2% | | |
| Births to mothers who identified as multiple responses | 2.6% (1) | 0.0% (0) | 2.6% | | |
| Births to mothers who declined to self-identify | 7.7% (3) | 0.0% (0) | 7.7% | | |
| Births to mothers who did not answer question about race | 2.6% (1) | 0.0% (0) | | | |
| Total births with a reported gestational age at birth ‡ | 39 | 0 | | | |
| Total Births ^ | 39 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Births less than 39 weeks to mothers who identified as American Indian or Alaska Native § † | 0.0% (0) | 0.0% (0) | 0.0% | 33.3% | -33.3% |
| Births less than 39 weeks to mothers who identified as Asian § † * | 0.0% (0) | 0.0% (0) | 0.0% | 31.6% | -31.6% |
| Births less than 39 weeks to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) § † * | 0.0% (0) | 0.0% (0) | 0.0% | 0.0% | 0.0% |
| Births less than 39 weeks to mothers who identified as Black or African American § † | 40.6% (54) | 40.5% (47) | 0.1% | 28.6% | 12.0% |
| Births less than 39 weeks to mothers who identified as Native Hawaiian or Pacific Islander § † * | 0.0% (0) | 0.0% (0) | 0.0% | 33.3% | -33.3% |
| Births less than 39 weeks to mothers who identified as White § † | 32.9% (23) | 30.0% (12) | 2.9% | 24.1% | 8.7% |
| Births less than 39 weeks to mothers who identified as multiple responses § † | 37.5% (3) | 0.0% (0) | 37.5% | 30.0% | 7.5% |

Outcome 2 Table 2:

| Births less than 39 weeks gestation by mother's race Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|-------------------|--------------------|----------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Births less than 39 weeks to mothers who declined to self-identify § † | 50.0% (2) | 0.0% (0) | 50.0% | 26.8% | 23.2% |
| Births less than 39 weeks to mothers who did not answer question about race § † | 12.5% (1) | 14.3% (1) | | | |
| Total births at less than 39 weeks § | 36.6% (83) | 33.7% (60) | 2.9% | 25.0% | 11.6% |
| Births to mothers who identified as American Indian or Alaska Native | 0.4% (1) | 0.0% (0) | 0.4% | | |
| Births to mothers who identified as Asian * | 0.4% (1) | 0.6% (1) | -0.1% | | |
| Births to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) * | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who identified as Black or African American | 58.6% (133) | 65.2% (116) | -6.6% | | |
| Births to mothers who identified as Native Hawaiian or Pacific Islander * | 0.0% (0) | 0.6% (1) | -0.6% | | |
| Births to mothers who identified as White | 30.8% (70) | 22.5% (40) | 8.4% | | |
| Births to mothers who identified as multiple responses | 3.5% (8) | 5.1% (9) | -1.5% | | |
| Births to mothers who declined to self-identify | 1.8% (4) | 1.7% (3) | 0.1% | | |
| Births to mothers who did not answer question about race | 3.5% (8) | 3.9% (7) | | | |
| Total births with a reported gestational age at birth ‡ | 225 | 177 | | | |
| Total Births ^ | 227 | 178 | | | |
| National | | | | | |
| National | | | | | |
| Births less than 39 weeks to mothers who identified as American Indian or Alaska Native § † | 31.4% (123) | 34.7% (149) | -3.3% | 33.3% | -2.0% |
| Births less than 39 weeks to mothers who identified as Asian § † * | 30.4% (127) | 28.4% (104) | 2.0% | 31.6% | -1.2% |

Outcome 2 Table 2:

| Births less than 39 weeks gestation by mother's race Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|----------------------|----------------------|----------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Births less than 39 weeks to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) § † * | 25.0% (1) | 20.0% (1) | 5.0% | 0.0% | 25.0% |
| Births less than 39 weeks to mothers who identified as Black or African American § † | 34.7% (1,274) | 35.9% (1,466) | -1.2% | 28.6% | 6.1% |
| Births less than 39 weeks to mothers who identified as Native Hawaiian or Pacific Islander § † * | 24.5% (13) | 29.6% (21) | -5.0% | 33.3% | -8.8% |
| Births less than 39 weeks to mothers who identified as White § † | 30.1% (1,890) | 29.7% (1,933) | 0.3% | 24.1% | 5.9% |
| Births less than 39 weeks to mothers who identified as multiple responses § † | 31.6% (326) | 28.6% (377) | 3.0% | 30.0% | 1.6% |
| Births less than 39 weeks to mothers who declined to self-identify § † | 31.8% (329) | 33.0% (434) | -1.2% | 26.8% | 5.0% |
| Births less than 39 weeks to mothers who did not answer question about race § † | 30.4% (483) | 31.3% (357) | | | |
| Total births at less than 39 weeks § | 31.3% (4,583) | 31.6% (4,842) | -0.3% | 25.0% | 6.3% |
| Births to mothers who identified as American Indian or Alaska Native | 2.7% (392) | 2.8% (430) | -0.1% | | |
| Births to mothers who identified as Asian * | 2.9% (418) | 2.4% (366) | 0.5% | | |
| Births to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) * | 0.0% (4) | 0.0% (5) | 0.0% | | |
| Births to mothers who identified as Black or African American | 25.0% (3,673) | 26.6% (4,082) | -1.6% | | |
| Births to mothers who identified as Native Hawaiian or Pacific Islander * | 0.4% (53) | 0.5% (71) | -0.1% | | |
| Births to mothers who identified as White | 42.9% (6,287) | 42.4% (6,502) | 0.5% | | |
| Births to mothers who identified as multiple responses | 7.0% (1,032) | 8.6% (1,320) | -1.6% | | |
| Births to mothers who declined to self-identify | 7.1% (1,036) | 8.6% (1,317) | -1.5% | | |
| Births to mothers who did not answer question about race | 10.8% (1,587) | 7.4% (1,142) | | | |

Outcome 2 Table 2:

| Births less than 39 weeks gestation by mother's race Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|-----------------|--------------------|----------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Total births with a reported gestational age at birth ‡ | 14,528 | 15,235 | | | |
| Total Births ^ | 14,663 | 15,338 | | | |

Footnotes:

§ n = number of births which occurred at greater than or equal to 18 weeks and less than 39 weeks gestation.

† Percentage of births less than 39 weeks = number of births less than 39 weeks for each race/total number of births for each race.

*After implementation of ETO, NFP changed 'Asian, Native Hawaiian or other Pacific Islander' to separate 'Asian' and 'Native Hawaiian or Pacific Islander' to align with OMB guidance. Clients who submitted a Demographics Intake form prior to the launch of ETO and who identified as 'Asian, Native Hawaiian or other Pacific Islander' will be categorized as such. Clients who submitted form after ETO will be reported based on the selection of 'Asian' OR 'Native Hawaiian or other Pacific Islander'.

‡ Births include only those clients with an infant date of birth during the period and who answered "Gestational Age at Birth" with a value greater than or equal to 18 weeks. In the case of multiple births, the first listed infant is used for the calculation of births less than 39 weeks.

^ Total births include those infants with an infant date of birth during the period recorded on the Infant Birth form.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 2 Table 3:

| Premature birth at less than 37 weeks gestation by mother's ethnicity Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|------------------|--------------------|----------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Premature births to mothers who identified as non-Hispanic or Latina § † | 29.2% (7) | 0.0% (0) | 29.2% | 6.7% | 22.5% |
| Premature births to mothers who identified as Hispanic or Latina § † | 0.0% (0) | 0.0% (0) | 0.0% | 7.7% | -7.7% |
| Premature births to mothers who declined to self-identify § † | 0.0% (0) | 0.0% (0) | 0.0% | 25.0% | -25.0% |
| Premature births to mothers who did not answer question about ethnicity § † | 0.0% (0) | 0.0% (0) | | | |
| Total Premature Births § | 17.9% (7) | 0.0% (0) | 17.9% | 6.1% | 11.8% |
| Births to mothers who identified as non-Hispanic or Latina | 61.5% (24) | 0.0% (0) | 61.5% | | |
| Births to mothers who identified as Hispanic or Latina | 38.5% (15) | 0.0% (0) | 38.5% | | |
| Births to mothers who declined to self-identify | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who did not answer question about ethnicity | 0.0% (0) | 0.0% (0) | | | |
| Total births with a reported gestational age at birth * | 39 | 0 | | | |
| Total Births ^ | 39 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Premature births to mothers who identified as non-Hispanic or Latina § † | 14.8% (24) | 7.4% (11) | 7.4% | 6.7% | 8.1% |
| Premature births to mothers who identified as Hispanic or Latina § † | 4.9% (3) | 4.0% (1) | 0.9% | 7.7% | -2.8% |
| Premature births to mothers who declined to self-identify § † | 0.0% (0) | 50.0% (1) | -50.0% | 25.0% | -25.0% |

Outcome 2 Table 3:

| Premature birth at less than 37 weeks gestation by mother's ethnicity | | | | | |
|---|---------------------|---------------------|----------------------------------|---|------------------------------|
| Base period: from 1/1/2014 through 12/31/2014 | | | | | |
| Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Premature births to mothers who did not answer question about ethnicity § † | 0.0% (0) | 0.0% (0) | | | |
| Total Premature Births § | 11.9% (27) | 7.3% (13) | 4.6% | 6.1% | 5.8% |
| Births to mothers who identified as non-Hispanic or Latina | 71.4% (162) | 83.1% (148) | -11.8% | | |
| Births to mothers who identified as Hispanic or Latina | 26.9% (61) | 14.0% (25) | 12.8% | | |
| Births to mothers who declined to self-identify | 0.0% (0) | 1.1% (2) | -1.1% | | |
| Births to mothers who did not answer question about ethnicity | 0.9% (2) | 1.1% (2) | | | |
| Total births with a reported gestational age at birth * | 225 | 177 | | | |
| Total Births ^ | 227 | 178 | | | |
| National | | | | | |
| National | | | | | |
| Premature births to mothers who identified as non-Hispanic or Latina § † | 10.0% (847) | 10.2% (952) | -0.2% | 6.7% | 3.3% |
| Premature births to mothers who identified as Hispanic or Latina § † | 9.1% (411) | 8.7% (425) | 0.4% | 7.7% | 1.4% |
| Premature births to mothers who declined to self-identify § † | 9.1% (19) | 13.5% (39) | -4.4% | 25.0% | -15.9% |
| Premature births to mothers who did not answer question about ethnicity § † | 10.5% (135) | 10.3% (74) | | | |
| Total Premature Births § | 9.7% (1,415) | 9.7% (1,490) | -0.1% | 6.1% | 3.5% |
| Births to mothers who identified as non-Hispanic or Latina | 57.8% (8,477) | 60.9% (9,342) | -3.1% | | |
| Births to mothers who identified as Hispanic or Latina | 30.8% (4,515) | 31.8% (4,884) | -1.1% | | |
| Births to mothers who declined to self-identify | 1.4% (208) | 1.9% (289) | -0.5% | | |

Outcome 2 Table 3:

| Premature birth at less than 37 weeks gestation by mother's ethnicity Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-----------------|--------------------|----------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Births to mothers who did not answer question about ethnicity | 8.8% (1,291) | 4.7% (720) | | | |
| Total births with a reported gestational age at birth * | 14,528 | 15,235 | | | |
| Total Births ^ | 14,663 | 15,338 | | | |

Footnotes:

§ n = number of births which occurred at greater than or equal to 18 weeks and less than 37 weeks gestation.

† Percentage of premature births = number of premature births for each ethnicity/total number of births for each ethnicity.

* Births include only those clients with an infant date of birth during the period and who answered "Gestational Age at Birth" with a value greater than or equal to 18 weeks. In the case of multiple births, the first listed infant is used for the calculation of premature birth rate.

^ Total births include those infants with an infant date of birth during the period recorded on the Infant Birth form.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 2 Table 4:

| Premature birth at less than 37 weeks gestation by mother's race Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|------------------|--------------------|----------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Premature births to mothers who identified as American Indian or Alaska Native § † | 0.0% (0) | 0.0% (0) | 0.0% | 15.4% | -15.4% |
| Premature births to mothers who identified as Asian § † * | 0.0% (0) | 0.0% (0) | 0.0% | 12.5% | -12.5% |
| Premature births to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) § † * | 0.0% (0) | 0.0% (0) | 0.0% | 0.0% | 0.0% |
| Premature births to mothers who identified as Black or African American § † | 30.4% (7) | 0.0% (0) | 30.4% | 9.1% | 21.3% |
| Premature births to mothers who identified as Native Hawaiian or Pacific Islander § † * | 0.0% (0) | 0.0% (0) | 0.0% | 50.0% | -50.0% |
| Premature births to mothers who identified as White § † | 0.0% (0) | 0.0% (0) | 0.0% | 6.7% | -6.7% |
| Premature births to mothers who identified as multiple responses § † | 0.0% (0) | 0.0% (0) | 0.0% | 15.0% | -15.0% |
| Premature births to mothers who declined to self-identify § † | 0.0% (0) | 0.0% (0) | 0.0% | 9.5% | -9.5% |
| Premature births to mothers who did not answer question about race § † | 0.0% (0) | 0.0% (0) | | | |
| Total Premature Births § | 17.9% (7) | 0.0% (0) | 17.9% | 6.1% | 11.8% |
| Births to mothers who identified as American Indian or Alaska Native | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who identified as Asian * | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) * | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who identified as Black or African American | 59.0% (23) | 0.0% (0) | 59.0% | | |
| Births to mothers who identified as Native Hawaiian or Pacific Islander * | 0.0% (0) | 0.0% (0) | 0.0% | | |

Outcome 2 Table 4:

| Premature birth at less than 37 weeks gestation by mother's race Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-----------------|--------------------|----------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Births to mothers who identified as White | 28.2% (11) | 0.0% (0) | 28.2% | | |
| Births to mothers who identified as multiple responses | 2.6% (1) | 0.0% (0) | 2.6% | | |
| Births to mothers who declined to self-identify | 7.7% (3) | 0.0% (0) | 7.7% | | |
| Births to mothers who did not answer question about race | 2.6% (1) | 0.0% (0) | | | |
| Total births with a reported gestational age at birth ‡ | 39 | 0 | | | |
| Total Births ^ | 39 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Premature births to mothers who identified as American Indian or Alaska Native § † | 0.0% (0) | 0.0% (0) | 0.0% | 15.4% | -15.4% |
| Premature births to mothers who identified as Asian § † * | 0.0% (0) | 0.0% (0) | 0.0% | 12.5% | -12.5% |
| Premature births to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) § † * | 0.0% (0) | 0.0% (0) | 0.0% | 0.0% | 0.0% |
| Premature births to mothers who identified as Black or African American § † | 15.8% (21) | 10.3% (12) | 5.4% | 9.1% | 6.7% |
| Premature births to mothers who identified as Native Hawaiian or Pacific Islander § † * | 0.0% (0) | 0.0% (0) | 0.0% | 50.0% | -50.0% |
| Premature births to mothers who identified as White § † | 7.1% (5) | 2.5% (1) | 4.6% | 6.7% | 0.5% |
| Premature births to mothers who identified as multiple responses § † | 12.5% (1) | 0.0% (0) | 12.5% | 15.0% | -2.5% |
| Premature births to mothers who declined to self-identify § † | 0.0% (0) | 0.0% (0) | 0.0% | 9.5% | -9.5% |
| Premature births to mothers who did not answer question about race § † | 0.0% (0) | 0.0% (0) | | | |

Outcome 2 Table 4:

| Premature birth at less than 37 weeks gestation by mother's race Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-------------------|--------------------|----------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Total Premature Births § | 11.9% (27) | 7.3% (13) | 4.6% | 6.1% | 5.8% |
| Births to mothers who identified as American Indian or Alaska Native | 0.4% (1) | 0.0% (0) | 0.4% | | |
| Births to mothers who identified as Asian * | 0.4% (1) | 0.6% (1) | -0.1% | | |
| Births to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) * | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who identified as Black or African American | 58.6% (133) | 65.2% (116) | -6.6% | | |
| Births to mothers who identified as Native Hawaiian or Pacific Islander * | 0.0% (0) | 0.6% (1) | -0.6% | | |
| Births to mothers who identified as White | 30.8% (70) | 22.5% (40) | 8.4% | | |
| Births to mothers who identified as multiple responses | 3.5% (8) | 5.1% (9) | -1.5% | | |
| Births to mothers who declined to self-identify | 1.8% (4) | 1.7% (3) | 0.1% | | |
| Births to mothers who did not answer question about race | 3.5% (8) | 3.9% (7) | | | |
| Total births with a reported gestational age at birth ‡ | 225 | 177 | | | |
| Total Births ^ | 227 | 178 | | | |
| National | | | | | |
| National | | | | | |
| Premature births to mothers who identified as American Indian or Alaska Native § † | 9.7% (38) | 9.1% (39) | 0.6% | 15.4% | -5.7% |
| Premature births to mothers who identified as Asian § † * | 8.6% (36) | 6.6% (24) | 2.1% | 12.5% | -3.9% |
| Premature births to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) § † * | 25.0% (1) | 20.0% (1) | 5.0% | 0.0% | 25.0% |
| Premature births to mothers who identified as Black or African American § † | 11.9% (436) | 11.5% (469) | 0.4% | 9.1% | 2.8% |

Outcome 2 Table 4:

| Premature birth at less than 37 weeks gestation by mother's race Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|---------------------|---------------------|----------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Premature births to mothers who identified as Native Hawaiian or Pacific Islander § † * | 11.3% (6) | 12.7% (9) | -1.4% | 50.0% | -38.7% |
| Premature births to mothers who identified as White § † | 8.7% (545) | 9.1% (590) | -0.4% | 6.7% | 2.0% |
| Premature births to mothers who identified as multiple responses § † | 10.5% (108) | 9.2% (122) | 1.2% | 15.0% | -4.5% |
| Premature births to mothers who declined to self-identify § † | 9.5% (98) | 9.3% (122) | 0.2% | 9.5% | -0.1% |
| Premature births to mothers who did not answer question about race § † | 8.9% (141) | 10.0% (114) | | | |
| Total Premature Births § | 9.7% (1,415) | 9.7% (1,490) | -0.1% | 6.1% | 3.5% |
| Births to mothers who identified as American Indian or Alaska Native | 2.7% (392) | 2.8% (430) | -0.1% | | |
| Births to mothers who identified as Asian * | 2.9% (418) | 2.4% (366) | 0.5% | | |
| Births to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) * | 0.0% (4) | 0.0% (5) | 0.0% | | |
| Births to mothers who identified as Black or African American | 25.0% (3,673) | 26.6% (4,082) | -1.6% | | |
| Births to mothers who identified as Native Hawaiian or Pacific Islander * | 0.4% (53) | 0.5% (71) | -0.1% | | |
| Births to mothers who identified as White | 42.9% (6,287) | 42.4% (6,502) | 0.5% | | |
| Births to mothers who identified as multiple responses | 7.0% (1,032) | 8.6% (1,320) | -1.6% | | |
| Births to mothers who declined to self-identify | 7.1% (1,036) | 8.6% (1,317) | -1.5% | | |
| Births to mothers who did not answer question about race | 10.8% (1,587) | 7.4% (1,142) | | | |
| Total births with a reported gestational age at birth ‡ | 14,528 | 15,235 | | | |
| Total Births ^ | 14,663 | 15,338 | | | |

Footnotes:

§ n = number of births which occurred at greater than or equal to 18 weeks and less than 37 weeks gestation.

† Percentage of premature births = number of premature births for each race/total number of births for each race.

*After implementation of ETO, NFP changed 'Asian, Native Hawaiian or other Pacific Islander' to separate 'Asian' and 'Native Hawaiian or Pacific Islander' to align with OMB guidance. Clients who submitted a Demographics Intake form prior to the launch of ETO and who identified as 'Asian, Native Hawaiian or other Pacific Islander' will be categorized as such. Clients who submitted form after ETO will be reported based on the selection of 'Asian' OR 'Native Hawaiian or other Pacific Islander'.

‡ Births include only those clients with an infant date of birth during the period and who answered "Gestational Age at Birth" with a value greater than or equal to 18 weeks. In the case of multiple births, the first listed infant is used for the calculation of premature birth rate.

^ Total births include those infants with an infant date of birth during the period recorded on the Infant Birth form.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 3: Premature birth by mother's age at infant birth.

Gestational age and weight at birth are measures of infant health, with birth before 37 weeks gestation considered preterm. Reduction of preterm births is considered the best way to reduce infant illness, disability, and death. The NFP objective is a Preterm birth rate of 11.4% or less.

Outcome 3 Table 1:

| Births less than 39 weeks gestation by mother's age at infant birth | | | | | |
|--|-------------------------|----------------------------|--|--|--------------------------------------|
| Base period: from 1/1/2014 through 12/31/2014 | | | | | |
| Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Births less than 39 weeks to mothers aged 10-14 years at infant birth § † | 0.0% (0) | 0.0% (0) | 0.0% | 50.0% | -50.0% |
| Births less than 39 weeks to mothers aged 15-17 years at infant birth § † | 50.0% (1) | 0.0% (0) | 50.0% | 25.0% | 25.0% |
| Births less than 39 weeks to mothers aged 18-19 years at infant birth § † | 33.3% (2) | 0.0% (0) | 33.3% | 22.2% | 11.1% |
| Births less than 39 weeks to mothers aged 20-24 years at infant birth § † | 53.8% (7) | 0.0% (0) | 53.8% | 22.7% | 31.1% |
| Births less than 39 weeks to mothers aged 25-29 years at infant birth § † | 28.6% (2) | 0.0% (0) | 28.6% | 25.0% | 3.6% |
| Births less than 39 weeks to mothers aged 30-44 years at infant birth § † | 45.5% (5) | 0.0% (0) | 45.5% | 30.8% | 14.7% |
| Births less than 39 weeks to mothers whose age is invalid at infant birth | 0.0% (0) | 0.0% (0) | | | |
| Total births at less than 39 weeks § | 43.6% (17) | 0.0% (0) | 43.6% | 25.0% | 18.6% |
| Births to mothers aged 10-14 years at infant birth | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers aged 15-17 years at infant birth | 5.1% (2) | 0.0% (0) | 5.1% | | |
| Births to mothers aged 18-19 years at infant birth | 15.4% (6) | 0.0% (0) | 15.4% | | |
| Births to mothers aged 20-24 years at infant birth | 33.3% (13) | 0.0% (0) | 33.3% | | |
| Births to mothers aged 25-29 years at infant birth | 17.9% (7) | 0.0% (0) | 17.9% | | |
| Births to mothers aged 30-44 years at infant birth | 28.2% (11) | 0.0% (0) | 0.0% | | |
| Births to mothers whose age is invalid at infant birth | 0.0% (0) | 0.0% (0) | | | |

Outcome 3 Table 1:

| Births less than 39 weeks gestation by mother's age at infant birth Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-------------------|--------------------|-------------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Total births with a reported gestational age at birth * | 39 | 0 | | | |
| Total Births ‡ | 39 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Births less than 39 weeks to mothers aged 10-14 years at infant birth § † | 37.5% (3) | 0.0% (0) | 37.5% | 50.0% | -12.5% |
| Births less than 39 weeks to mothers aged 15-17 years at infant birth § † | 35.9% (14) | 28.1% (9) | 7.8% | 25.0% | 10.9% |
| Births less than 39 weeks to mothers aged 18-19 years at infant birth § † | 28.6% (12) | 46.2% (18) | -17.6% | 22.2% | 6.3% |
| Births less than 39 weeks to mothers aged 20-24 years at infant birth § † | 40.5% (32) | 28.4% (21) | 12.1% | 22.7% | 17.8% |
| Births less than 39 weeks to mothers aged 25-29 years at infant birth § † | 37.5% (12) | 56.3% (9) | -18.8% | 25.0% | 12.5% |
| Births less than 39 weeks to mothers aged 30-44 years at infant birth § † | 40.0% (10) | 20.0% (3) | 20.0% | 30.8% | 9.2% |
| Births less than 39 weeks to mothers whose age is invalid at infant birth | 0.0% (0) | 0.0% (0) | | | |
| Total births at less than 39 weeks § | 36.6% (83) | 33.7% (60) | 2.9% | 25.0% | 11.6% |
| Births to mothers aged 10-14 years at infant birth | 3.5% (8) | 0.6% (1) | 0.0% | | |
| Births to mothers aged 15-17 years at infant birth | 17.2% (39) | 18.0% (32) | -0.8% | | |
| Births to mothers aged 18-19 years at infant birth | 18.5% (42) | 21.9% (39) | -3.4% | | |
| Births to mothers aged 20-24 years at infant birth | 34.8% (79) | 41.6% (74) | -6.8% | | |
| Births to mothers aged 25-29 years at infant birth | 14.1% (32) | 9.0% (16) | 5.1% | | |
| Births to mothers aged 30-44 years at infant birth | 11.0% (25) | 8.4% (15) | 0.0% | | |
| Births to mothers whose age is invalid at infant birth | 0.0% (0) | 0.0% (0) | | | |
| Total births with a reported gestational age at birth * | 225 | 177 | | | |

Outcome 3 Table 1:

| Births less than 39 weeks gestation by mother's age at infant birth Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|----------------------|----------------------|-------------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Total Births ‡ | 227 | 178 | | | |
| National | | | | | |
| National | | | | | |
| Births less than 39 weeks to mothers aged 10-14 years at infant birth § † | 39.4% (67) | 37.4% (77) | 2.0% | 50.0% | -10.6% |
| Births less than 39 weeks to mothers aged 15-17 years at infant birth § † | 31.6% (731) | 31.4% (838) | 0.2% | 25.0% | 6.6% |
| Births less than 39 weeks to mothers aged 18-19 years at infant birth § † | 29.2% (854) | 32.1% (1,084) | -2.9% | 22.2% | 7.0% |
| Births less than 39 weeks to mothers aged 20-24 years at infant birth § † | 31.0% (1,742) | 31.1% (1,770) | -0.1% | 22.7% | 8.3% |
| Births less than 39 weeks to mothers aged 25-29 years at infant birth § † | 32.6% (725) | 31.6% (659) | 1.1% | 25.0% | 7.6% |
| Births less than 39 weeks to mothers aged 30-44 years at infant birth § † | 36.2% (448) | 34.3% (403) | 1.8% | 30.8% | 5.4% |
| Births less than 39 weeks to mothers whose age is invalid at infant birth | 38.1% (16) | 38.7% (12) | | | |
| Total births at less than 39 weeks § | 31.3% (4,583) | 31.6% (4,843) | -0.3% | 25.0% | 6.3% |
| Births to mothers aged 10-14 years at infant birth | 1.2% (170) | 1.3% (206) | 0.0% | | |
| Births to mothers aged 15-17 years at infant birth | 15.8% (2,316) | 17.4% (2,673) | -1.6% | | |
| Births to mothers aged 18-19 years at infant birth | 19.9% (2,922) | 22.0% (3,374) | -2.1% | | |
| Births to mothers aged 20-24 years at infant birth | 38.3% (5,616) | 37.1% (5,690) | 1.2% | | |
| Births to mothers aged 25-29 years at infant birth | 15.2% (2,223) | 13.6% (2,088) | 1.5% | | |
| Births to mothers aged 30-44 years at infant birth | 8.4% (1,239) | 7.7% (1,174) | 0.0% | | |
| Births to mothers whose age is invalid at infant birth | 0.3% (42) | 0.2% (31) | | | |
| Total births with a reported gestational age at birth * | 14,528 | 15,236 | | | |
| Total Births ‡ | 14,663 | 15,338 | | | |

Footnotes:

§ n = number of births which occurred at greater than or equal to 18 weeks and less than 39 weeks gestation.

† Percentage of births less than 39 weeks = number of births less than 39 weeks for each age group/total number of births for each age group.

* Births include only those clients with an infant date of birth during the period and who answered "Gestational Age at Birth" with a value greater than or equal to 18 weeks. In the case of multiple births, the first listed infant is used for the calculation of births less than 39 weeks.

‡ Total births include those infants with an infant date of birth during the period recorded on the Infant Birth form.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 3 Table 2:

| Premature birth at less than 37 weeks gestation by mother's age at infant birth Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|------------------|--------------------|-------------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Premature births to mothers aged 10-14 years at infant birth § † | 0.0% (0) | 0.0% (0) | 0.0% | 50.0% | -50.0% |
| Premature births to mothers aged 15-17 years at infant birth § † | 50.0% (1) | 0.0% (0) | 50.0% | 8.3% | 41.7% |
| Premature births to mothers aged 18-19 years at infant birth § † | 16.7% (1) | 0.0% (0) | 16.7% | 8.3% | 8.3% |
| Premature births to mothers aged 20-24 years at infant birth § † | 23.1% (3) | 0.0% (0) | 23.1% | 6.5% | 16.6% |
| Premature births to mothers aged 25-29 years at infant birth § † | 0.0% (0) | 0.0% (0) | 0.0% | 10.8% | -10.8% |
| Premature births to mothers aged 30-44 years at infant birth § † | 18.2% (2) | 0.0% (0) | 18.2% | 14.3% | 3.9% |
| Premature births to mothers whose age is invalid at infant birth | 0.0% (0) | 0.0% (0) | | | |
| Total Premature Births § | 17.9% (7) | 0.0% (0) | 17.9% | 6.1% | 11.8% |
| Births to mothers aged 10-14 years at infant birth | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers aged 15-17 years at infant birth | 5.1% (2) | 0.0% (0) | 5.1% | | |
| Births to mothers aged 18-19 years at infant birth | 15.4% (6) | 0.0% (0) | 15.4% | | |
| Births to mothers aged 20-24 years at infant birth | 33.3% (13) | 0.0% (0) | 33.3% | | |
| Births to mothers aged 25-29 years at infant birth | 17.9% (7) | 0.0% (0) | 17.9% | | |
| Births to mothers aged 30-44 years at infant birth | 28.2% (11) | 0.0% (0) | 0.0% | | |
| Births to mothers whose age is invalid at infant birth | 0.0% (0) | 0.0% (0) | | | |
| Total births with a reported gestational age at birth * | 39 | 0 | | | |
| Total Births ‡ | 39 | 0 | | | |
| State | | | | | |

Outcome 3 Table 2:

| Premature birth at less than 37 weeks gestation by mother's age at infant birth | | | | | |
|---|-------------------|--------------------|-------------------------------------|---|------------------------------|
| Base period: from 1/1/2014 through 12/31/2014 | | | | | |
| Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Florida | | | | | |
| Premature births to mothers aged 10-14 years at infant birth § † | 0.0% (0) | 0.0% (0) | 0.0% | 50.0% | -50.0% |
| Premature births to mothers aged 15-17 years at infant birth § † | 12.8% (5) | 6.3% (2) | 6.6% | 8.3% | 4.5% |
| Premature births to mothers aged 18-19 years at infant birth § † | 7.1% (3) | 10.3% (4) | -3.1% | 8.3% | -1.2% |
| Premature births to mothers aged 20-24 years at infant birth § † | 15.2% (12) | 6.8% (5) | 8.4% | 6.5% | 8.7% |
| Premature births to mothers aged 25-29 years at infant birth § † | 12.5% (4) | 6.3% (1) | 6.3% | 10.8% | 1.7% |
| Premature births to mothers aged 30-44 years at infant birth § † | 12.0% (3) | 6.7% (1) | 5.3% | 14.3% | -2.3% |
| Premature births to mothers whose age is invalid at infant birth | 0.0% (0) | 0.0% (0) | | | |
| Total Premature Births § | 11.9% (27) | 7.3% (13) | 4.6% | 6.1% | 5.8% |
| Births to mothers aged 10-14 years at infant birth | 3.5% (8) | 0.6% (1) | 0.0% | | |
| Births to mothers aged 15-17 years at infant birth | 17.2% (39) | 18.0% (32) | -0.8% | | |
| Births to mothers aged 18-19 years at infant birth | 18.5% (42) | 21.9% (39) | -3.4% | | |
| Births to mothers aged 20-24 years at infant birth | 34.8% (79) | 41.6% (74) | -6.8% | | |
| Births to mothers aged 25-29 years at infant birth | 14.1% (32) | 9.0% (16) | 5.1% | | |
| Births to mothers aged 30-44 years at infant birth | 11.0% (25) | 8.4% (15) | 0.0% | | |
| Births to mothers whose age is invalid at infant birth | 0.0% (0) | 0.0% (0) | | | |
| Total births with a reported gestational age at birth * | 225 | 177 | | | |
| Total Births ‡ | 227 | 178 | | | |
| National | | | | | |
| National | | | | | |

Outcome 3 Table 2:

| Premature birth at less than 37 weeks gestation by mother's age at infant birth Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|---------------------|---------------------|-------------------------------------|---|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Premature births to mothers aged 10-14 years at infant birth § † | 12.4% (21) | 12.1% (25) | 0.2% | 50.0% | -37.6% |
| Premature births to mothers aged 15-17 years at infant birth § † | 8.7% (201) | 8.8% (235) | -0.1% | 8.3% | 0.3% |
| Premature births to mothers aged 18-19 years at infant birth § † | 8.9% (259) | 9.1% (306) | -0.2% | 8.3% | 0.5% |
| Premature births to mothers aged 20-24 years at infant birth § † | 9.6% (538) | 9.5% (538) | 0.1% | 6.5% | 3.1% |
| Premature births to mothers aged 25-29 years at infant birth § † | 10.0% (222) | 10.3% (216) | -0.4% | 10.8% | -0.8% |
| Premature births to mothers aged 30-44 years at infant birth § † | 14.0% (174) | 13.9% (163) | 0.2% | 14.3% | -0.2% |
| Premature births to mothers whose age is invalid at infant birth | 0.0% (0) | 25.8% (8) | | | |
| Total Premature Births § | 9.7% (1,415) | 9.7% (1,491) | -0.1% | 6.1% | 3.5% |
| Births to mothers aged 10-14 years at infant birth | 1.2% (170) | 1.3% (206) | 0.0% | | |
| Births to mothers aged 15-17 years at infant birth | 15.8% (2,316) | 17.4% (2,673) | -1.6% | | |
| Births to mothers aged 18-19 years at infant birth | 19.9% (2,922) | 22.0% (3,374) | -2.1% | | |
| Births to mothers aged 20-24 years at infant birth | 38.3% (5,616) | 37.1% (5,690) | 1.2% | | |
| Births to mothers aged 25-29 years at infant birth | 15.2% (2,223) | 13.6% (2,088) | 1.5% | | |
| Births to mothers aged 30-44 years at infant birth | 8.4% (1,239) | 7.7% (1,174) | 0.0% | | |
| Births to mothers whose age is invalid at infant birth | 0.3% (42) | 0.2% (31) | | | |
| Total births with a reported gestational age at birth * | 14,528 | 15,236 | | | |
| Total Births ‡ | 14,663 | 15,338 | | | |

Footnotes:

§ n = number of births which occurred at greater than or equal to 18 weeks and less than 37 weeks gestation.

† Percentage of premature births = number of premature births for each age group/total number of births for each age group.

* Births include only those clients with an infant date of birth during the period and who answered "Gestational Age at Birth" with a value greater than or equal to 18 weeks. In the case of multiple births, the first listed infant is used for the calculation of premature birth rate.

‡ Total births include those infants with an infant date of birth during the period recorded on the Infant Birth form.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 4: Low Birth Weight births by mother's race/ethnicity.

Birth weight is also used as an indicator of infant health, with the occurrence of infant death and/or disability highly correlated with low birth weight (less than 2,500 grams/5.5 lbs.). The NFP objective is a Low Birth Weight (LBW) rate of 7.8% or less.

Outcome 4 Table 1:

| Low birth weight infants Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|-------------------------------|----------------------------------|--|--|--|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Total very low birth weight infants ‡ | 12.8% (5) | 0.0% (0) | 12.8% | 1.7% | 11.1% |
| Total low birth weight infants § | 20.5% (8) | 0.0% (0) | 20.5% | 6.1% | 14.5% |
| Total births with a reported birth weight * | 39 | 0 | | | |
| Total births † | 39 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Total very low birth weight infants ‡ | 3.5% (8) | 1.7% (3) | 1.8% | 1.7% | 1.8% |
| Total low birth weight infants § | 12.8% (29) | 10.7% (19) | 2.1% | 6.1% | 6.7% |
| Total births with a reported birth weight * | 226 | 178 | | | |
| Total births † | 227 | 178 | | | |
| National | | | | | |
| National | | | | | |
| Total very low birth weight infants ‡ | 1.4% (208) | 1.5% (224) | 0.0% | 1.7% | -0.3% |
| Total low birth weight infants § | 9.9% (1,447) | 10.0% (1,540) | -0.2% | 6.1% | 3.8% |
| Total births with a reported birth weight * | 14,510 | 15,137 | | | |
| Total births † | 14,663 | 15,338 | | | |

Footnotes:

‡ Number of infants with a birth weight greater than 430 grams and less than 1500 grams.

§ Number of infants with a birth weight greater than 430 grams and less than 2500 grams (5.5lbs).

* Births include only those infants with a birth weight greater than 430grams and less than 8,000grams recorded on the Infant Birth Survey. In the case of multiple births, the first listed infant is used for the calculation of low birth weight.

† Total births include those infants with an infant date of birth during the period recorded on the Infant Birth form.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 4 Table 2:

| Low birth weight infants by mother's ethnicity Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|------------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Low birth weight infants to mothers who identified as non-Hispanic or Latina § † | 29.2% (7) | 0.0% (0) | 29.2% | 6.7% | 22.5% |
| Low birth weight infants to mothers who identified as Hispanic or Latina § † | 6.7% (1) | 0.0% (0) | 6.7% | 7.1% | -0.5% |
| Low birth weight infants to mothers who declined to self-identify § † | 0.0% (0) | 0.0% (0) | 0.0% | 33.3% | -33.3% |
| Low birth weight infants to mothers who did not answer question about ethnicity § † | 0.0% (0) | 0.0% (0) | | | |
| Total low birth weight births § | 20.5% (8) | 0.0% (0) | 20.5% | 6.1% | 14.5% |
| Births to mothers who identified as non-Hispanic or Latina | 61.5% (24) | 0.0% (0) | 61.5% | | |
| Births to mothers who identified as Hispanic or Latina | 38.5% (15) | 0.0% (0) | 38.5% | | |
| Births to mothers who declined to self-identify | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who did not answer question about ethnicity | 0.0% (0) | 0.0% (0) | | | |
| Total births with a reported birth weight * | 39 | 0 | | | |
| Total births ‡ | 39 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Low birth weight infants to mothers who identified as non-Hispanic or Latina § † | 15.3% (25) | 10.7% (16) | 4.6% | 6.7% | 8.7% |
| Low birth weight infants to mothers who identified as Hispanic or Latina § † | 6.6% (4) | 8.0% (2) | -1.4% | 7.1% | -0.6% |

Outcome 4 Table 2:

| Low birth weight infants by mother's ethnicity Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|-------------------------|----------------------------|--|--|--------------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Low birth weight infants to mothers who declined to self-identify § † | 0.0% (0) | 50.0% (1) | -50.0% | 33.3% | -33.3% |
| Low birth weight infants to mothers who did not answer question about ethnicity § † | 0.0% (0) | 0.0% (0) | | | |
| Total low birth weight births § | 12.8% (29) | 10.7% (19) | 2.1% | 6.1% | 6.7% |
| Births to mothers who identified as non-Hispanic or Latina | 71.8% (163) | 83.7% (149) | -11.9% | | |
| Births to mothers who identified as Hispanic or Latina | 26.9% (61) | 14.0% (25) | 12.8% | | |
| Births to mothers who declined to self-identify | 0.0% (0) | 1.1% (2) | -1.1% | | |
| Births to mothers who did not answer question about ethnicity | 0.9% (2) | 1.1% (2) | | | |
| Total births with a reported birth weight * | 226 | 178 | | | |
| Total births ‡ | 227 | 178 | | | |
| National | | | | | |
| National | | | | | |
| Low birth weight infants to mothers who identified as non-Hispanic or Latina § † | 10.6% (895) | 10.8% (997) | -0.2% | 6.7% | 3.9% |
| Low birth weight infants to mothers who identified as Hispanic or Latina § † | 8.7% (391) | 8.7% (426) | -0.1% | 7.1% | 1.5% |
| Low birth weight infants to mothers who declined to self-identify § † | 13.5% (28) | 13.1% (36) | 0.3% | 33.3% | -19.9% |
| Low birth weight infants to mothers who did not answer question about ethnicity § † | 10.2% (132) | 11.3% (81) | | | |
| Total low birth weight births § | 9.9% (1,447) | 10.0% (1,540) | -0.2% | 6.1% | 3.8% |
| Births to mothers who identified as non-Hispanic or Latina | 57.8% (8,471) | 60.4% (9,271) | -2.7% | | |

Outcome 4 Table 2:

| Low birth weight infants by mother's ethnicity Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|-------------------------|----------------------------|--|--|--------------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Births to mothers who identified as Hispanic or Latina | 30.7% (4,508) | 31.8% (4,877) | -1.1% | | |
| Births to mothers who declined to self-identify | 1.4% (208) | 1.8% (274) | -0.4% | | |
| Births to mothers who did not answer question about ethnicity | 8.8% (1,289) | 4.7% (715) | | | |
| Total births with a reported birth weight * | 14,510 | 15,137 | | | |
| Total births ‡ | 14,663 | 15,338 | | | |

Footnotes:

§ n = number of infants with a birth weight greater than 430 grams and less than 2500 grams (5.5lbs).

† Percentage of Low Weight births = number of Low Weight births for each ethnicity/total number of births for each ethnicity.

* Births include only those infants with a birth weight greater than 430grams and less than 8,000grams recorded on the Infant Birth Survey. In the case of multiple births, the first listed infant is used for the calculation of low birth weight.

‡ Total births include those infants with an infant date of birth during the period recorded on the Infant Birth form.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 4 Table 3:

| Low birth weight infants by mother's race Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|------------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Low birth weight infants to mothers who identified as American Indian or Alaska Native § † | 0.0% (0) | 0.0% (0) | 0.0% | 14.3% | -14.3% |
| Low birth weight infants to mothers who identified as Asian § † * | 0.0% (0) | 0.0% (0) | 0.0% | 11.1% | -11.1% |
| Low birth weight infants to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) § † * | 0.0% (0) | 0.0% (0) | 0.0% | 0.0% | 0.0% |
| Low birth weight infants to mothers who identified as Black or African American § † | 30.4% (7) | 0.0% (0) | 30.4% | 10.0% | 20.4% |
| Low birth weight infants to mothers who identified as Native Hawaiian or Pacific Islander § † * | 0.0% (0) | 0.0% (0) | 0.0% | 50.0% | -50.0% |
| Low birth weight infants to mothers who identified as White § † | 9.1% (1) | 0.0% (0) | 9.1% | 6.4% | 2.7% |
| Low birth weight infants to mothers who identified as more than one race § † | 0.0% (0) | 0.0% (0) | 0.0% | 14.3% | -14.3% |
| Low birth weight infants to mothers who declined to self-identify § † | 0.0% (0) | 0.0% (0) | 0.0% | 10.0% | -10.0% |
| Low birth weight infants to mothers who did not answer question about race § † | 0.0% (0) | 0.0% (0) | | | |
| Total Low birth weight births § | 20.5% (8) | 0.0% (0) | 20.5% | 6.1% | 14.5% |
| Births to mothers who identified as American Indian or Alaska Native | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who identified as Asian * | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) * | 0.0% (0) | 0.0% (0) | 0.0% | | |

Outcome 4 Table 3:

| Low birth weight infants by mother's race Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-----------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Births to mothers who identified as Black or African American | 59.0% (23) | 0.0% (0) | 59.0% | | |
| Births to mothers who identified as Native Hawaiian or Pacific Islander * | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who identified as White | 28.2% (11) | 0.0% (0) | 28.2% | | |
| Births to mothers who identified as more than one response | 2.6% (1) | 0.0% (0) | 2.6% | | |
| Births to mothers who declined to self-identify | 7.7% (3) | 0.0% (0) | 7.7% | | |
| Births to mothers who did not answer question about race | 2.6% (1) | 0.0% (0) | | | |
| Total births with a reported birth weight ^ | 39 | 0 | | | |
| Total Births ‡ | 39 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Low birth weight infants to mothers who identified as American Indian or Alaska Native § † | 0.0% (0) | 0.0% (0) | 0.0% | 14.3% | -14.3% |
| Low birth weight infants to mothers who identified as Asian § † * | 0.0% (0) | 0.0% (0) | 0.0% | 11.1% | -11.1% |
| Low birth weight infants to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) § † * | 0.0% (0) | 0.0% (0) | 0.0% | 0.0% | 0.0% |
| Low birth weight infants to mothers who identified as Black or African American § † | 17.2% (23) | 14.5% (17) | 2.6% | 10.0% | 7.2% |
| Low birth weight infants to mothers who identified as Native Hawaiian or Pacific Islander § † * | 0.0% (0) | 0.0% (0) | 0.0% | 50.0% | -50.0% |
| Low birth weight infants to mothers who identified as White § † | 8.6% (6) | 5.0% (2) | 3.6% | 6.4% | 2.1% |

Outcome 4 Table 3:

| Low birth weight infants by mother's race Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-------------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Low birth weight infants to mothers who identified as more than one race § † | 0.0% (0) | 0.0% (0) | 0.0% | 14.3% | -14.3% |
| Low birth weight infants to mothers who declined to self-identify § † | 0.0% (0) | 0.0% (0) | 0.0% | 10.0% | -10.0% |
| Low birth weight infants to mothers who did not answer question about race § † | 0.0% (0) | 0.0% (0) | | | |
| Total Low birth weight births § | 12.8% (29) | 10.7% (19) | 2.1% | 6.1% | 6.7% |
| Births to mothers who identified as American Indian or Alaska Native | 0.4% (1) | 0.0% (0) | 0.4% | | |
| Births to mothers who identified as Asian * | 0.4% (1) | 0.6% (1) | -0.1% | | |
| Births to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) * | 0.0% (0) | 0.0% (0) | 0.0% | | |
| Births to mothers who identified as Black or African American | 59.0% (134) | 65.7% (117) | -6.7% | | |
| Births to mothers who identified as Native Hawaiian or Pacific Islander * | 0.0% (0) | 0.6% (1) | -0.6% | | |
| Births to mothers who identified as White | 30.8% (70) | 22.5% (40) | 8.4% | | |
| Births to mothers who identified as more than one response | 3.5% (8) | 5.1% (9) | -1.5% | | |
| Births to mothers who declined to self-identify | 1.8% (4) | 1.7% (3) | 0.1% | | |
| Births to mothers who did not answer question about race | 3.5% (8) | 3.9% (7) | | | |
| Total births with a reported birth weight ^ | 226 | 178 | | | |
| Total Births ‡ | 227 | 178 | | | |
| National | | | | | |
| National | | | | | |

Outcome 4 Table 3:

| Low birth weight infants by mother's race Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|---------------------|----------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Low birth weight infants to mothers who identified as American Indian or Alaska Native § † | 8.7% (34) | 6.6% (27) | 2.1% | 14.3% | -5.6% |
| Low birth weight infants to mothers who identified as Asian § † * | 8.9% (37) | 7.2% (26) | 1.7% | 11.1% | -2.2% |
| Low birth weight infants to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) § † * | 0.0% (0) | 0.0% (0) | 0.0% | 0.0% | 0.0% |
| Low birth weight infants to mothers who identified as Black or African American § † | 13.5% (497) | 13.4% (544) | 0.1% | 10.0% | 3.5% |
| Low birth weight infants to mothers who identified as Native Hawaiian or Pacific Islander § † * | 9.4% (5) | 12.7% (9) | -3.2% | 50.0% | -40.6% |
| Low birth weight infants to mothers who identified as White § † | 8.6% (540) | 9.0% (584) | -0.4% | 6.4% | 2.2% |
| Low birth weight infants to mothers who identified as more than one race § † | 9.3% (96) | 7.9% (103) | 1.4% | 14.3% | -5.0% |
| Low birth weight infants to mothers who declined to self-identify § † | 9.6% (99) | 10.5% (137) | -0.9% | 10.0% | -0.4% |
| Low birth weight infants to mothers who did not answer question about race § † | 8.6% (136) | 9.7% (110) | | | |
| Total Low birth weight births § | 9.9% (1,447) | 10.0% (1,540) | -0.2% | 6.1% | 3.8% |
| Births to mothers who identified as American Indian or Alaska Native | 2.7% (393) | 2.7% (410) | 0.0% | | |
| Births to mothers who identified as Asian * | 2.8% (416) | 2.4% (363) | 0.5% | | |
| Births to mothers who identified as Asian and (Native Hawaiian or Pacific Islander) * | 0.0% (4) | 0.0% (5) | 0.0% | | |
| Births to mothers who identified as Black or African American | 25.0% (3,668) | 26.4% (4,048) | -1.4% | | |
| Births to mothers who identified as Native Hawaiian or Pacific Islander * | 0.4% (53) | 0.5% (71) | -0.1% | | |

Outcome 4 Table 3:

| Low birth weight infants by mother's race Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-------------------------|----------------------------|--|--|--------------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Births to mothers who identified as White | 42.9% (6,292) | 42.4% (6,506) | 0.5% | | |
| Births to mothers who identified as more than one response | 7.0% (1,033) | 8.5% (1,300) | -1.4% | | |
| Births to mothers who declined to self-identify | 7.0% (1,028) | 8.5% (1,304) | -1.5% | | |
| Births to mothers who did not answer question about race | 10.8% (1,582) | 7.4% (1,130) | | | |
| Total births with a reported birth weight ^ | 14,510 | 15,137 | | | |
| Total Births ‡ | 14,663 | 15,338 | | | |

Footnotes:

§ n = number of infants with a birth weight greater than 430 grams and less than 2500 grams (5.5lbs).

† Percentage of Low Weight births = number of Low Weight births for each race/total number of births for each race.

*After implementation of ETO, NFP changed 'Asian, Native Hawaiian or other Pacific Islander' to separate 'Asian' and 'Native Hawaiian or Pacific Islander' to align with OMB guidance. Clients who submitted a Demographics Intake form prior to the launch of ETO and who identified as 'Asian, Native Hawaiian or other Pacific Islander' will be categorized as such. Clients who submitted form after ETO will be reported based on the selection of 'Asian' OR 'Native Hawaiian or other Pacific Islander'.

^Births include only those infants with a birth weight greater than 430grams and less than 8,000grams recorded on the Infant Birth Survey. In the case of multiple births, the first listed infant is used for the calculation of low birth weight.

‡ Total births include those infants with an infant date of birth during the period recorded on the Infant Birth form.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 5: Client breastfeeding at birth, 6 and 12 months.

Breast milk is considered the ideal form of infant nutrition, with the practice of breastfeeding demonstrating wide-ranging benefits for infants' general health, immune systems, and development. NFP's objectives are that 81.9% or more infants have ever received breast milk, 60.6% or more infants are receiving breast milk at 6 months, and 34.1% or more infants are receiving breast milk at 12 months.

Outcome 5 Table 1:

| Client initiated breastfeeding at birth | | | | | |
|--|-----------------|--------------------|----------------------------------|--|------------------------------|
| Base period: from 1/1/2014 through 12/31/2014 | | | | | |
| Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Clients who initiated breastfeeding at birth § | 94.9% (37) | 0.0% (0) | 94.9% | 95.1% | -0.3% |
| Clients with breastfeeding data † | 39 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Clients who initiated breastfeeding at birth § | 89.0% (202) | 85.9% (152) | 3.1% | 95.1% | -6.1% |
| Clients with breastfeeding data † | 227 | 177 | | | |
| National | | | | | |
| National | | | | | |
| Clients who initiated breastfeeding at birth § | 86.8% (12,114) | 85.3% (12,246) | 1.5% | 95.1% | -8.3% |
| Clients with breastfeeding data † | 13,955 | 14,360 | | | |

Footnotes:

§ n = number of clients with an answer of 'Yes' to the question: "Has your baby ever received breast milk?" on the Infant Birth form during the period.

† The number of clients with an answer to the question: "Has your baby ever received breast milk?" on the Infant Birth form during the period.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 5 Table 2:

| Breastfeeding at 6 months Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-----------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Clients who report their infants are receiving breast milk at 6 months ‡ | 0.0% (0) | 0.0% (0) | 0.0% | 43.5% | -43.5% |
| Clients with breastfeeding data at 6 months § | 0 | 0 | | | |
| Clients without breastfeeding data at 6 months * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Clients who report their infants are receiving breast milk at 6 months ‡ | 29.0% (27) | 21.1% (28) | 8.0% | 43.5% | -14.4% |
| Clients with breastfeeding data at 6 months § | 93 | 133 | | | |
| Clients without breastfeeding data at 6 months * | 0 | 0 | | | |
| National | | | | | |
| National | | | | | |
| Clients who report their infants are receiving breast milk at 6 months ‡ | 35.4% (2,994) | 32.1% (2,494) | 3.2% | 43.5% | -8.1% |
| Clients with breastfeeding data at 6 months § | 8,463 | 7,761 | | | |
| Clients without breastfeeding data at 6 months * | 2 | 1 | | | |

Footnotes:

‡ n = number of clients with an answer of 'Yes' to both questions: "Has your baby ever received breast milk?" and "Does your baby continue to get breast milk?" on the Infant Health Care form at Infancy 6 months during the period.

§ The number of clients with an answer to both questions: "Has your baby ever received breast milk?" and "Does your baby continue to get breast milk?" on the Infant Health Care form at Infancy 6 months during the period.

* The number of clients with a submitted Infant Health Care form at Infancy 6 months but did not answer either question "Does your baby continue to get breast milk?" or "Has your baby ever received breast milk?" during the period.

Note: Clients may reach more than one time point (infancy 6 months, infancy 12 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 5 Table 3:

| Breastfeeding at 12 months Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|-----------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Clients who report their infants are receiving breast milk at 12 months ‡ | 0.0% (0) | 0.0% (0) | 0.0% | 31.0% | -31.0% |
| Clients with breastfeeding data at 12 months § | 0 | 0 | | | |
| Clients without breastfeeding data at 12 months * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Clients who report their infants are receiving breast milk at 12 months ‡ | 16.1% (14) | 18.0% (18) | -1.9% | 31.0% | -14.9% |
| Clients with breastfeeding data at 12 months § | 87 | 100 | | | |
| Clients without breastfeeding data at 12 months * | 0 | 0 | | | |
| National | | | | | |
| National | | | | | |
| Clients who report their infants are receiving breast milk at 12 months ‡ | 23.2% (1,555) | 21.2% (1,195) | 2.0% | 31.0% | -7.8% |
| Clients with breastfeeding data at 12 months § | 6,705 | 5,650 | | | |
| Clients without breastfeeding data at 12 months * | 0 | 0 | | | |

Footnotes:

‡ n = number of clients with an answer of 'Yes' to both questions: "Has your baby ever received breast milk?" and "Does your baby continue to get breast milk?" on the Infant Health Care form at Infancy 12 months during the period.

§ The number of clients with an answer to both questions: "Has your baby ever received breast milk?" and "Does your baby continue to get breast milk?" on the Infant Health Care form at Infancy 12 months during the period.

* The number of clients with a submitted Infant Health Care form at Infancy 12 months but did not answer either question "Does your baby continue to get breast milk?" or "Has your baby ever received breast milk?" during the period.

Note: Clients may reach more than one time point (infancy 6 months, infancy 12 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 6: Children with up to date immunizations at 6, 12, 18 and 24 months.

Up-to-date immunization of children is a significant preventive health measure, which reduces the number of infections from vaccine-preventable diseases. The NFP objective states the completion rates for all recommended immunizations are 90% or greater by the time the child is two years of age.

Outcome 6 Table 1:

| Children with up-to-date immunizations at 6 months Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-----------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Children with up-to-date immunizations at 6 months ‡ | 0.0% (0) | 0.0% (0) | 0.0% | 95.7% | -95.7% |
| Children with immunization data at 6 months § | 0 | 0 | | | |
| Children without immunization data at 6 months * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Children with up-to-date immunizations at 6 months ‡ | 95.7% (110) | 92.4% (145) | 3.3% | 95.7% | -0.1% |
| Children with immunization data at 6 months § | 115 | 157 | | | |
| Children without immunization data at 6 months * | 0 | 0 | | | |
| National | | | | | |
| National | | | | | |
| Children with up-to-date immunizations at 6 months ‡ | 90.7% (8,844) | 90.8% (8,274) | -0.1% | 95.7% | -5.0% |
| Children with immunization data at 6 months § | 9,752 | 9,112 | | | |
| Children without immunization data at 6 months * | 22 | 2 | | | |

Footnotes:

‡ n = number of clients with an answer of 'Yes' to the question: "Based on your local immunizations schedule (regardless of vaccine brand or manufacturer) is [child's name] up-to-date on all vaccinations?" on the Infant Health Care Form at Infancy 6 months during the period.

§ The number of clients with an answer to the question: "Based on your local immunizations schedule (regardless of vaccine brand or manufacturer) is [child's name] up-to-date on all vaccinations?" on the Infant Health Care Form at Infancy 6 months during the period.

* The number of clients with a submitted Infant Health Care Form at Infancy 6 months but did not answer the question "Based on your local immunizations schedule (regardless of vaccine brand or manufacturer) is [child's name] up-to-date on all vaccinations?" during the period.

Note: Clients may reach more than one time point (infancy 6 months, infancy 12 months, toddler 18 months, toddler 24 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 6 Table 2:

| Children with up-to-date immunizations at 12 months | | | | | |
|---|-----------------|--------------------|----------------------------------|--|------------------------------|
| Base period: from 1/1/2014 through 12/31/2014 | | | | | |
| Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Children with up-to-date immunizations at 12 months ‡ | 0.0% (0) | 0.0% (0) | 0.0% | 96.9% | -96.9% |
| Children with immunization data at 12 months § | 0 | 0 | | | |
| Children without immunization data at 12 months * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Children with up-to-date immunizations at 12 months ‡ | 95.2% (100) | 95.3% (122) | -0.1% | 96.9% | -1.6% |
| Children with immunization data at 12 months § | 105 | 128 | | | |
| Children without immunization data at 12 months * | 0 | 0 | | | |
| National | | | | | |
| National | | | | | |
| Children with up-to-date immunizations at 12 months ‡ | 90.6% (7,095) | 91.1% (6,164) | -0.6% | 96.9% | -6.3% |
| Children with immunization data at 12 months § | 7,835 | 6,763 | | | |
| Children without immunization data at 12 months * | 18 | 0 | | | |

Footnotes:

- ‡ n = number of clients with an answer of 'Yes' to the question: "Based on your local immunizations schedule (regardless of vaccine brand or manufacturer) is [child's name] up-to-date on all vaccinations?" on the Infant Health Care Form at Infancy 12 months during the period.
- § The number of clients with an answer to the question: "Based on your local immunizations schedule (regardless of vaccine brand or manufacturer) is [child's name] up-to-date on all vaccinations?" on the Infant Health Care Form at Infancy 12 months during the period.
- * The number of clients with a submitted Infant Health Care Form at Infancy 12 months but did not answer the question "Based on your local immunizations schedule (regardless of vaccine brand or manufacturer) is [child's name] up-to-date on all vaccinations?" during the period.
- Note: Clients may reach more than one time point (infancy 6 months, infancy 12 months, toddler 18 months, toddler 24 months) during the period, and therefore may be counted in multiple tables.
- Note: Data should be interpreted carefully when sample sizes are small.
- Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 6 Table 3:

| Children with up-to-date immunizations at 18 months | | | | | |
|---|-----------------|--------------------|----------------------------------|--|------------------------------|
| Base period: from 1/1/2014 through 12/31/2014 | | | | | |
| Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Children with up-to-date immunizations at 18 months ‡ | 100.0% (1) | 0.0% (0) | 100.0% | 97.1% | 2.9% |
| Children with immunization data at 18 months § | 1 | 0 | | | |
| Children without immunization data at 18 months * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Children with up-to-date immunizations at 18 months ‡ | 93.4% (113) | 93.3% (84) | 0.1% | 97.1% | -3.8% |
| Children with immunization data at 18 months § | 121 | 90 | | | |
| Children without immunization data at 18 months * | 1 | 0 | | | |
| National | | | | | |
| National | | | | | |
| Children with up-to-date immunizations at 18 months ‡ | 89.5% (5,176) | 90.4% (4,327) | -0.8% | 97.1% | -7.6% |
| Children with immunization data at 18 months § | 5,782 | 4,789 | | | |
| Children without immunization data at 18 months * | 19 | 0 | | | |

Footnotes:

‡ n = number of clients with an answer of 'Yes' to the question: "Based on your local immunizations schedule (regardless of vaccine brand or manufacturer) is [child's name] up-to-date on all vaccinations?" on the Infant Health Care Form at Toddler 18 months during the period.

§ The number of clients with an answer to the question: "Based on your local immunizations schedule (regardless of vaccine brand or manufacturer) is [child's name] up-to-date on all vaccinations?" on the Infant Health Care Form at Toddler 18 months during the period.

* The number of clients with a submitted Infant Health Care Form at Toddler 18 months but did not answer the question "Based on your local immunizations schedule (regardless of vaccine brand or manufacturer) is [child's name] up-to-date on all vaccinations?" during the period.

Note: Clients may reach more than one time point (infancy 6 months, infancy 12 months, toddler 18 months, toddler 24 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 6 Table 4:

| Children with up-to-date immunizations at 24 months Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|-----------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Children with up-to-date immunizations at 24 months ‡ | 0.0% (0) | 0.0% (0) | 0.0% | 100.0% | -100.0% |
| Children with immunization data at 24 months § | 0 | 0 | | | |
| Children without immunization data at 24 months * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Children with up-to-date immunizations at 24 months ‡ | 96.9% (95) | 95.5% (85) | 1.4% | 100.0% | -3.1% |
| Children with immunization data at 24 months § | 98 | 89 | | | |
| Children without immunization data at 24 months * | 0 | 0 | | | |
| National | | | | | |
| National | | | | | |
| Children with up-to-date immunizations at 24 months ‡ | 92.9% (4,627) | 93.7% (4,004) | -0.7% | 100.0% | -7.1% |
| Children with immunization data at 24 months § | 4,978 | 4,274 | | | |
| Children without immunization data at 24 months * | 5 | 1 | | | |

Footnotes:

‡ n = number of clients with an answer of 'Yes' to the question: "Based on your local immunizations schedule (regardless of vaccine brand or manufacturer) is [child's name] up-to-date on all vaccinations?" on the Infant Health Care Form at Toddler 24 months during the period.

§ The number of clients with an answer to the question: "Based on your local immunizations schedule (regardless of vaccine brand or manufacturer) is [child's name] up-to-date on all vaccinations?" on the Infant Health Care Form at Toddler 24 months during the period.

* The number of clients with a submitted Infant Health Care Form at Toddler 24 months but did not answer the question "Based on your local immunizations schedule (regardless of vaccine brand or manufacturer) is [child's name] up-to-date on all vaccinations?" during the period.

Note: Clients may reach more than one time point (infancy 6 months, infancy 12 months, toddler 18 months, toddler 24 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 7: Reported Subsequent pregnancies at 6, 12, 18 and 24 months

The NFP focuses on helping clients achieve life course developmental goals through the planning of future pregnancies, as well as many other areas. The timing and number of subsequent pregnancies has important implications for a client's ability to stay in school, find work, and/or find appropriate child care. The NFP objective is the rate of subsequent pregnancies within two years following birth of infant is 25% or less.

Outcome 7 Table 1:

| Subsequent pregnancies at 6 months | | | | | |
|---|-----------------|--------------------|----------------------------------|--|------------------------------|
| Base period: from 1/1/2014 through 12/31/2014 | | | | | |
| Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Clients with a subsequent pregnancy at 6 months § | 0.0% (0) | 0.0% (0) | 0.0% | 0.0% | 0.0% |
| Clients with subsequent pregnancy data at 6 months ‡ | 0 | 0 | | | |
| Clients without subsequent pregnancy data at 6 months * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Clients with a subsequent pregnancy at 6 months § | 4.3% (5) | 5.5% (9) | -1.1% | 0.0% | 4.3% |
| Clients with subsequent pregnancy data at 6 months ‡ | 116 | 165 | | | |
| Clients without subsequent pregnancy data at 6 months * | 0 | 0 | | | |
| National | | | | | |
| National | | | | | |
| Clients with a subsequent pregnancy at 6 months § | 3.2% (321) | 3.4% (317) | -0.2% | 0.0% | 3.2% |
| Clients with subsequent pregnancy data at 6 months ‡ | 9,978 | 9,227 | | | |
| Clients without subsequent pregnancy data at 6 months * | 74 | 2 | | | |

Footnotes:

§ n = number of clients with an answer of 'Yes' to the question: "Since you had [child's name], have you been pregnant?" on the Demographic Update Form at Infancy 6 months during the period.

‡ The number of clients with an answer to the question: "Since you had [child's name], have you been pregnant?" on the Demographic Update Form at Infancy 6 months during the period.

* The number of clients with a submitted Demographics Update Form at Infancy 6 months but did not answer the question "Since you had [child's name], have you been pregnant?" during the period.

Note: Clients may reach more than one time point (infancy 6 months, infancy 12 months, toddler 18 months, toddler 24 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 7 Table 2:

| Subsequent pregnancies at 12 months | | | | | |
|--|-----------------|--------------------|----------------------------------|--|------------------------------|
| Base period: from 1/1/2014 through 12/31/2014 | | | | | |
| Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Clients with a subsequent pregnancy at 12 months § | 0.0% (0) | 0.0% (0) | 0.0% | 5.9% | -5.9% |
| Clients with subsequent pregnancy data at 12 months ‡ | 0 | 0 | | | |
| Clients without subsequent pregnancy data at 12 months * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Clients with a subsequent pregnancy at 12 months § | 10.9% (12) | 15.1% (19) | -4.2% | 5.9% | 5.0% |
| Clients with subsequent pregnancy data at 12 months ‡ | 110 | 126 | | | |
| Clients without subsequent pregnancy data at 12 months * | 0 | 0 | | | |
| National | | | | | |
| National | | | | | |
| Clients with a subsequent pregnancy at 12 months § | 10.8% (876) | 10.0% (688) | 0.9% | 5.9% | 5.0% |
| Clients with subsequent pregnancy data at 12 months ‡ | 8,079 | 6,905 | | | |
| Clients without subsequent pregnancy data at 12 months * | 67 | 2 | | | |

Footnotes:

§ n = number of clients with an answer of 'Yes' to the question: "Since you had [child's name], have you been pregnant?" on the Demographic Update Form at Infancy 12 months during the period.

‡ The number of clients with an answer to the question: "Since you had [child's name], have you been pregnant?" on the Demographic Update Form at Infancy 12 months during the period.

* The number of clients with a submitted Demographics Update Form at Infancy 12 months but did not answer the question "Since you had [child's name], have you been pregnant?" during the period.

Note: Clients may reach more than one time point (infancy 6 months, infancy 12 months, toddler 18 months, toddler 24 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 7 Table 3:

| Subsequent pregnancies at 18 months | | | | | |
|--|-----------------|--------------------|----------------------------------|--|------------------------------|
| Base period: from 1/1/2014 through 12/31/2014 | | | | | |
| Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Clients with a subsequent pregnancy at 18 months § | 0.0% (0) | 0.0% (0) | 0.0% | 11.5% | -11.5% |
| Clients with subsequent pregnancy data at 18 months ‡ | 1 | 0 | | | |
| Clients without subsequent pregnancy data at 18 months * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Clients with a subsequent pregnancy at 18 months § | 18.3% (23) | 16.7% (15) | 1.6% | 11.5% | 6.8% |
| Clients with subsequent pregnancy data at 18 months ‡ | 126 | 90 | | | |
| Clients without subsequent pregnancy data at 18 months * | 0 | 0 | | | |
| National | | | | | |
| National | | | | | |
| Clients with a subsequent pregnancy at 18 months § | 18.4% (1,105) | 19.2% (945) | -0.8% | 11.5% | 6.9% |
| Clients with subsequent pregnancy data at 18 months ‡ | 5,998 | 4,921 | | | |
| Clients without subsequent pregnancy data at 18 months * | 44 | 0 | | | |

Footnotes:

§ n = number of clients with an answer of 'Yes' to the question: "Since you had [child's name], have you been pregnant?" on the Demographic Update Form at Toddler 18 months during the period.

‡ The number of clients with an answer to the question: "Since you had [child's name], have you been pregnant?" on the Demographic Update Form at Toddler 18 months during the period.

* The number of clients with a submitted Demographics Update Form at Toddler 18 months but did not answer the question "Since you had [child's name], have you been pregnant?" during the period.

Note: Clients may reach more than one time point (infancy 6 months, infancy 12 months, toddler 18 months, toddler 24 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 7 Table 4:

| Subsequent pregnancies at 24 months | | | | | |
|--|-----------------|--------------------|----------------------------------|--|------------------------------|
| Base period: from 1/1/2014 through 12/31/2014 | | | | | |
| Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Clients with a subsequent pregnancy at 24 months § | 0.0% (0) | 0.0% (0) | 0.0% | 17.6% | -17.6% |
| Clients with subsequent pregnancy data at 24 months ‡ | 0 | 0 | | | |
| Clients without subsequent pregnancy data at 24 months * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Clients with a subsequent pregnancy at 24 months § | 29.8% (28) | 24.2% (22) | 5.6% | 17.6% | 12.1% |
| Clients with subsequent pregnancy data at 24 months ‡ | 94 | 91 | | | |
| Clients without subsequent pregnancy data at 24 months * | 1 | 0 | | | |
| National | | | | | |
| National | | | | | |
| Clients with a subsequent pregnancy at 24 months § | 25.1% (1,275) | 26.0% (1,136) | -0.9% | 17.6% | 7.5% |
| Clients with subsequent pregnancy data at 24 months ‡ | 5,078 | 4,374 | | | |
| Clients without subsequent pregnancy data at 24 months * | 43 | 0 | | | |

Footnotes:

§ n = number of clients with an answer of 'Yes' to the question: "Since you had [child's name], have you been pregnant?" on the Demographic Update Form at Toddler 24 months during the period.

‡ The number of clients with an answer to the question: "Since you had [child's name], have you been pregnant?" on the Demographic Update Form at Toddler 24 months during the period.

* The number of clients with a submitted Demographics Update Form at Toddler 24 months but did not answer the question "Since you had [child's name], have you been pregnant?" during the period.

Note: Clients may reach more than one time point (infancy 6 months, infancy 12 months, toddler 18 months, toddler 24 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 8: Workforce participation over time for clients who were 18 years or older at intake.

Participation in the workforce is an area that is tracked as an indicator of the client's life course development. The table below shows client's workforce participation at intake, 6 months, 12 months, 18 months and 24 months for clients who were at least 18 years of age at intake.

Outcome 8 Table 1:

| Workforce participation at intake for clients who were 18 years of age or older at intake | | | | | |
|--|-------------------------|----------------------------|--|--|--------------------------------------|
| Base period: from 1/1/2014 through 12/31/2014 | | | | | |
| Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Clients who were working at intake and were 18 years or older at intake § | 50.6% (40) | 0.0% (0) | 50.6% | 49.2% | 1.4% |
| Clients with workforce data at intake and were 18 years or older at intake ‡ | 79 | 0 | | | |
| Clients without workforce data at intake and were 18 years or older at intake * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Clients who were working at intake and were 18 years or older at intake § | 40.7% (168) | 43.7% (59) | -3.0% | 49.2% | -8.5% |
| Clients with workforce data at intake and were 18 years or older at intake ‡ | 413 | 135 | | | |
| Clients without workforce data at intake and were 18 years or older at intake * | 0 | 6 | | | |
| National | | | | | |
| National | | | | | |
| Clients who were working at intake and were 18 years or older at intake § | 43.0% (6,694) | 40.8% (6,092) | 2.2% | 49.2% | -6.2% |
| Clients with workforce data at intake and were 18 years or older at intake ‡ | 15,576 | 14,943 | | | |
| Clients without workforce data at intake and were 18 years or older at intake * | 16 | 34 | | | |

Footnotes:

§ n = number of clients with an answer of 'Yes' to the question: "Are you currently working?" on the Demographic Intake Form during the period.

‡ The number of clients with an answer to the question: "Are you currently working?" on the Demographic Intake Form during the period.

* The number of clients with a submitted Demographics Intake Form but did not answer the question: "Are you currently working?" during the period.

Note: Clients may reach more than one time point (intake, infancy 6 months, infancy 12 months, toddler 18 months, toddler 24 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 8 Table 2:

| Workforce participation at 6 months for clients who were 18 years of age or older at intake Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-----------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Clients who were working at 6 months and were 18 years or older at intake § | 0.0% (0) | 0.0% (0) | 0.0% | 53.3% | -53.3% |
| Clients with workforce data at 6 months and were 18 years or older at intake ‡ | 0 | 0 | | | |
| Clients without workforce data at 6 months and were 18 years or older at intake * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Clients who were working at 6 months and were 18 years or older at intake § | 55.8% (48) | 46.6% (61) | 9.2% | 53.3% | 2.5% |
| Clients with workforce data at 6 months and were 18 years or older at intake ‡ | 86 | 131 | | | |
| Clients without workforce data at 6 months and were 18 years or older at intake * | 0 | 0 | | | |
| National | | | | | |
| National | | | | | |
| Clients who were working at 6 months and were 18 years or older at intake § | 44.3% (3,515) | 43.0% (3,024) | 1.2% | 53.3% | -9.1% |
| Clients with workforce data at 6 months and were 18 years or older at intake ‡ | 7,943 | 7,025 | | | |
| Clients without workforce data at 6 months and were 18 years or older at intake * | 13 | 1 | | | |

Footnotes:

§ n = number of clients with an answer of 'Yes' to the question: "Are you currently working?" on the Demographic Update Form at Infancy 6 months during the period.

‡ The number of clients with an answer to the question: "Are you currently working?" on the Demographic Update Form at Infancy 6 months during the period.

* The number of clients with a submitted Demographic Update Form at Infancy 6 months but did not answer the question: "Are you currently working?" during the period.

Note: Clients may reach more than one time point (intake, infancy 6 months, infancy 12 months, toddler 18 months, toddler 24 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 8 Table 3:

| Workforce participation at 12 months for clients who were 18 years of age or older at intake Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|-----------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Clients who were working at 12 months and were 18 years or older at intake § | 0.0% (0) | 0.0% (0) | 0.0% | 60.0% | -60.0% |
| Clients with workforce data at 12 months and were 18 years or older at intake ‡ | 0 | 0 | | | |
| Clients without workforce data at 12 months and were 18 years or older at intake * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Clients who were working at 12 months and were 18 years or older at intake § | 60.9% (56) | 64.9% (63) | -4.1% | 60.0% | 0.9% |
| Clients with workforce data at 12 months and were 18 years or older at intake ‡ | 92 | 97 | | | |
| Clients without workforce data at 12 months and were 18 years or older at intake * | 1 | 0 | | | |
| National | | | | | |
| National | | | | | |
| Clients who were working at 12 months and were 18 years or older at intake § | 50.4% (3,230) | 49.4% (2,596) | 1.0% | 60.0% | -9.6% |
| Clients with workforce data at 12 months and were 18 years or older at intake ‡ | 6,414 | 5,259 | | | |
| Clients without workforce data at 12 months and were 18 years or older at intake * | 13 | 0 | | | |

Footnotes:

§ n = number of clients with an answer of 'Yes' to the question: "Are you currently working?" on the Demographic Update Form at Infancy 12 months during the period.

‡ The number of clients with an answer to the question: "Are you currently working?" on the Demographic Update Form at Infancy 12 months during the period.

* The number of clients with a submitted Demographic Update Form at Infancy 12 months but did not answer the question: "Are you currently working?" during the period.

Note: Clients may reach more than one time point (intake, infancy 6 months, infancy 12 months, toddler 18 months, toddler 24 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 8 Table 4:

| Workforce participation at 18 months for clients who were 18 years of age or older at intake Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|-----------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Clients who were working at 18 months and were 18 years or older at intake § | 100.0% (1) | 0.0% (0) | 100.0% | 66.7% | 33.3% |
| Clients with workforce data at 18 months and were 18 years or older at intake ‡ | 1 | 0 | | | |
| Clients without workforce data at 18 months and were 18 years or older at intake * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Clients who were working at 18 months and were 18 years or older at intake § | 70.5% (74) | 63.6% (42) | 6.8% | 66.7% | 3.8% |
| Clients with workforce data at 18 months and were 18 years or older at intake ‡ | 105 | 66 | | | |
| Clients without workforce data at 18 months and were 18 years or older at intake * | 0 | 0 | | | |
| National | | | | | |
| National | | | | | |
| Clients who were working at 18 months and were 18 years or older at intake § | 55.8% (2,610) | 53.3% (2,023) | 2.6% | 66.7% | -10.8% |
| Clients with workforce data at 18 months and were 18 years or older at intake ‡ | 4,674 | 3,798 | | | |
| Clients without workforce data at 18 months and were 18 years or older at intake * | 18 | 0 | | | |

Footnotes:

§ n = number of clients with an answer of 'Yes' to the question: "Are you currently working?" on the Demographic Update Form at Toddler 18 months during the period.

‡ The number of clients with an answer to the question: "Are you currently working?" on the Demographic Update Form at Toddler 18 months during the period.

* The number of clients with a submitted Demographic Update Form at Toddler 18 months but did not answer the question: "Are you currently working?" during the period.

Note: Clients may reach more than one time point (intake, infancy 6 months, infancy 12 months, toddler 18 months, toddler 24 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.

Outcome 8 Table 5:

| Workforce participation at 24 months for clients who were 18 years of age or older at intake Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|--|-----------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| Clients who were working at 24 months and were 18 years or older at intake § | 0.0% (0) | 0.0% (0) | 0.0% | 71.4% | -71.4% |
| Clients with workforce data at 24 months and were 18 years or older at intake ‡ | 0 | 0 | | | |
| Clients without workforce data at 24 months and were 18 years or older at intake * | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| Clients who were working at 24 months and were 18 years or older at intake § | 65.8% (50) | 69.2% (45) | -3.4% | 71.4% | -5.6% |
| Clients with workforce data at 24 months and were 18 years or older at intake ‡ | 76 | 65 | | | |
| Clients without workforce data at 24 months and were 18 years or older at intake * | 0 | 0 | | | |
| National | | | | | |
| National | | | | | |
| Clients who were working at 24 months and were 18 years or older at intake § | 60.1% (2,373) | 54.6% (1,828) | 5.5% | 71.4% | -11.3% |
| Clients with workforce data at 24 months and were 18 years or older at intake ‡ | 3,947 | 3,346 | | | |
| Clients without workforce data at 24 months and were 18 years or older at intake * | 6 | 0 | | | |

Footnotes:

§ n = number of clients with an answer of 'Yes' to the question: "Are you currently working?" on the Demographic Update Form at Toddler 24 months during the period.

‡ The number of clients with an answer to the question: "Are you currently working?" on the Demographic Update Form at Toddler 24 months during the period.

* The number of clients with a submitted Demographic Update Form at Toddler 24 months but did not answer the question: "Are you currently working?" during the period.

Note: Clients may reach more than one time point (intake, infancy 6 months, infancy 12 months, toddler 18 months, toddler 24 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group

Outcome 9: Ages and Stages Questionnaire Screening and Referral Rates.

The Ages and Stages Questionnaires (ASQ) are administered at several time points during the child's first two years. Scores on these assessments will provide the nurse home visitor with a framework for monitoring or referring the child for further evaluation. Children identified as having a developmental or physical delay are not subsequently assessed. It is important to note that ASQ scores are entered into ETO on a delayed basis: the 4-month scores are added to the 6-month data collection form, resulting in a slight lag in data entry.

Outcome 9 Table 1:

| Children screened with ASQ:SE at each interval Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-----------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Agency | | | | | |
| Nurse-Family Partnership Broward | | | | | |
| 6 months | | | | | |
| Children who were screened † | 0.0% (0) | 0.0% (0) | 0.0% | 100.0% | 0.0% |
| Children who were screened and score indicated need for referral § | 0.0% (0) | 0.0% (0) | | | |
| Children with data ‡ | 0 | 0 | | | |
| 12 months | | | | | |
| Children who were screened † | 0.0% (0) | 0.0% (0) | 0.0% | 100.0% | -100.0% |
| Children who were screened and score indicated need for referral § | 0.0% (0) | 0.0% (0) | | | |
| Children with data ‡ | 0 | 0 | | | |
| 18 months | | | | | |
| Children who were screened † | 100.0% (1) | 0.0% (0) | 100.0% | 100.0% | 0.0% |
| Children who were screened and score indicated need for referral § | 0.0% (0) | 0.0% (0) | | | |
| Children with data ‡ | 1 | 0 | | | |
| 24 months | | | | | |
| Children who were screened † | 0.0% (0) | 0.0% (0) | 0.0% | 100.0% | -100.0% |
| Children who were screened and score indicated need for referral § | 0.0% (0) | 0.0% (0) | | | |

Outcome 9 Table 1:

| Children screened with ASQ:SE at each interval Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-----------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| Children with data ‡ | 0 | 0 | | | |
| State | | | | | |
| Florida | | | | | |
| 6 months | | | | | |
| Children who were screened † | 100.0% (92) | 100.0% (115) | 0.0% | 100.0% | 100.0% |
| Children who were screened and score indicated need for referral § | 3.3% (3) | 3.5% (4) | | | |
| Children with data ‡ | 92 | 115 | | | |
| 12 months | | | | | |
| Children who were screened † | 100.0% (87) | 100.0% (112) | 0.0% | 100.0% | 0.0% |
| Children who were screened and score indicated need for referral § | 2.3% (2) | 2.7% (3) | | | |
| Children with data ‡ | 87 | 112 | | | |
| 18 months | | | | | |
| Children who were screened † | 100.0% (102) | 100.0% (84) | 0.0% | 100.0% | 0.0% |
| Children who were screened and score indicated need for referral § | 4.9% (5) | 3.6% (3) | | | |
| Children with data ‡ | 102 | 84 | | | |
| 24 months | | | | | |
| Children who were screened † | 100.0% (90) | 97.8% (87) | 2.2% | 100.0% | 0.0% |
| Children who were screened and score indicated need for referral § | 6.7% (6) | 1.1% (1) | | | |
| Children with data ‡ | 90 | 89 | | | |
| National | | | | | |
| National | | | | | |

Outcome 9 Table 1:

| Children screened with ASQ:SE at each interval Base period: from 1/1/2014 through 12/31/2014 Comparative period: from 1/1/2013 through 12/31/2013 | | | | | |
|---|-----------------|--------------------|----------------------------------|--|------------------------------|
| | % (n) (Base) | % (n) (Compare) | % Difference (Base - Compare) | 75th percentile of NFP agencies (75%) | % Difference (Base - 75%) |
| 6 months | | | | | |
| Children who were screened † | 99.1% (8,720) | 99.2% (8,034) | -0.1% | 100.0% | 99.1% |
| Children who were screened and score indicated need for referral § | 3.3% (287) | 3.1% (253) | | | |
| Children with data ‡ | 8,803 | 8,101 | | | |
| 12 months | | | | | |
| Children who were screened † | 98.9% (6,893) | 99.2% (5,895) | -0.3% | 100.0% | -1.1% |
| Children who were screened and score indicated need for referral § | 2.5% (172) | 2.6% (152) | | | |
| Children with data ‡ | 6,967 | 5,943 | | | |
| 18 months | | | | | |
| Children who were screened † | 98.8% (5,139) | 99.0% (4,167) | -0.2% | 100.0% | -1.2% |
| Children who were screened and score indicated need for referral § | 4.5% (230) | 4.3% (179) | | | |
| Children with data ‡ | 5,200 | 4,210 | | | |
| 24 months | | | | | |
| Children who were screened † | 97.9% (4,353) | 97.8% (3,692) | 0.1% | 100.0% | -2.1% |
| Children who were screened and score indicated need for referral § | 4.0% (173) | 4.3% (157) | | | |
| Children with data ‡ | 4,448 | 3,776 | | | |

Footnotes:

† The number of children with a submitted Infant Health Care form at the appropriate interval and a score greater than or equal to zero on the ASQ:SE during the period.

§ The number of children with a submitted Infant Health Care form at the appropriate interval and score indicating a need for referral on the ASQ:SE during the period.

‡ The number of children with a submitted Infant Health Care form at the appropriate interval and had one of the following: 1) a score of greater than or equal to zero; 2) indicated the child was not eligible for further screening; or 3) declined screening on the ASQ:SE during the period.

Note: Clients may reach more than one time point (infancy 6 months, infancy 12 months, toddler 18 months, toddler 24 months) during the period, and therefore may be counted in multiple tables.

Note: Data should be interpreted carefully when sample sizes are small.

Note: In interpreting these data, it is important to note that they are based upon nurses' interviews with mothers and nurses' reports of visits; they reflect the health and behavior of those participants who remained in the program at the specified time periods; and there is no control group.



June 24, 2014

Michael DeLucca
Broward Regional Health Planning Council (BRHPC), Inc.
200 Oakwood Lane Suite 100
Hollywood, FL 33020

SUBJECT: On-Site Sub-Recipient Monitoring Review of Housing Opportunities for Persons with HIV/AIDS (HOPWA) Short Term Utilities and Mortgage (STRMU), Permanent Housing Placement (PHP) and Tenant Based Rental Voucher (TBRV) Fiscal Year 2013/2014.

Dear Mr. DeLucca:

On June 24, 2014, the City conducted its annual monitoring of the HOPWA funded HCM program administered by Broward Regional Health Planning Council (BRHPC) to determine compliance with 24 CFR 574.500(a) and applicable Housing and Urban Development (HUD) laws, regulations, and BRHPC's capacity to carry out this program.

During the June 24, 2014 monitoring visit, I met with various BRHPC's Fiscal, IT, TBRV, PHP, and STRMU Staff. Using the COFL monitoring and desktop policy, City of Fort Lauderdale (COFL) reviewed and verified:

- i. 15 TBRV, 20 PHP and 20 STRMU client case files;
- ii. fiscal reimbursement submissions;
- iii. submitted e-copy files that included financial, payroll, various policies and procedures and time and effort reports; and
- iv. property bought in part or whole with HOPWA funds were present and accounted.

The FY 12-13 monitoring letter strongly encouraged BRHPC to develop and implement a mechanism that requires clients to sign off on the established due process/grievance/termination policy for HOPWA funded programs. Review of the client files documented client's signature regarding due process/grievance/termination.

At the conclusion of the annual monitoring, I discussed with you and your staff the results of the monitoring visit and Provide Enterprise (PE) desktop monitoring. The on-site sub-recipient monitoring review, along with the PE desk audits, resulted in no findings and no concerns for FY 13-14. A finding is a violation of the Federal Regulations and must be adequately addressed with documentation.

Thank you for the courtesies extended to our office during the review process. We appreciate your staff's cooperation and assistance. If you have any questions relating to the review please contact me at (954) 828-4775 or via e-mail at mariod@fortlauderdale.gov.

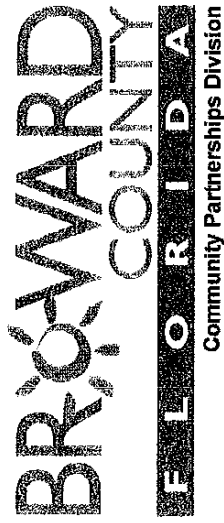
Sincerely,

Mario DeSantis

Mario DeSantis M.A.Ed., CPM | HOPWA Administrator



Monitoring Visit Administrative Review Results
for
Broward Regional Health Planning Council
July 8, 2014 - July 11, 2014



**Broward Regional Health Planning Council
Administrative Review Report Sections and Assigned Reviewer**

| Tabs: | Assigned to: |
|---|---------------------|
| Section I: Non-Financial Administrative | Omeed Rackal |
| Section II: Financial Administrative | Deborah P. Maloney |

**Section I: Non-Financial Administrative
Provider Agency being monitored:**

Broward Regional Health Planning Council

| Area of Review | Compliance | | | 1 = Interview O=Observation D=Documentation (List Who or What) | Comments |
|--|------------|----|----|---|----------|
| | Yes | No | NA | | |
| A. Insurance/Risk Management and General | 4 | 0 | 2 | | |
| Are the following insurance policies in place? | | | | | |
| General Liability | 1 | | | D - COI | |
| Professional Liability | 1 | | | D - COI | |
| Workers' Compensation | 1 | | | D - COI | |
| Auto coverage | | | 1 | | |
| Does the Agency's policy and procedures manual ensure that an independent person opens the mail? | | | | | |
| Is there a system for Continuous Quality Improvement (CQI)? | 1 | | | | |
| B. HR Posting Compliance | 11 | 0 | 0 | | |
| Are the following postings conspicuously displayed in the office: | | | | | |
| Family and Medical Leave Act (FMLA) | 1 | | | D - Poster | |
| Equal Employment Opportunity (EEO) | 1 | | | D - Poster | |
| Safety and Health in the Workplace (OSHA 3165) | 1 | | | D - Poster | |
| Fair Labor Standards Acts (FLSA) Minimum Wage | 1 | | | D - Poster | |
| Uniform Services Employment and Reemployment Rights Acts (USERRA) | 1 | | | D - Poster | |
| Anti-Fraud Notice | 1 | | | D - Poster | |
| Florida Minimum Wage | 1 | | | D - Poster | |
| Discrimination | 1 | | | D - Poster | |
| Unemployment Compensation | 1 | | | D - Poster | |
| Equal Employment Opportunity | 1 | | | D - Poster | |
| Workers' Compensation | 1 | | | D - Poster | |
| C. HR Policies, Reporting, Attendance | 11 | 0 | 2 | | |
| Does the Agency's equal employment opportunity policy comply with the contract? | 1 | | | D - Policy | |
| Does the Agency's client non-discrimination policy comply with the contract? | 1 | | | D - Policy | |
| Does the Agency's affirmative action plan comply with the contract? | 1 | | | D - Policy | |
| Does the Agency's Americans with Disabilities Act (ADA) policy comply with the contract? | 1 | | | D - Policy | |
| Does the Agency's community disadvantaged business enterprise policy comply with the contract? | 1 | | | D - Policy | |
| Does the Agency have a drug-free workplace policy and program? | 1 | | | D - Policy | |
| Current organizational chart that reflects agency positions and lines of authority | 1 | | | D - Organizational Chart | |

**Section 1: Non-Financial Administrative
Provider Agency being monitored:**

Broward Regional Health Planning Council

| Area of Review | Compliance | | | I = Interview O=Observation D=Documentation (List Who or What) | Comments |
|--|------------|----|----|---|----------|
| | Yes | No | NA | | |
| Does the Agency require training on child abuse and/or elder abuse reporting for staff and volunteers who serve children, the elderly, and other vulnerable populations? | | | 1 | | |
| Does the Agency post hotline numbers for employees to report cases of child abuse and/or elder abuse? | | | 1 | | |
| Are new policies or changes in existing policies communicated in a systematic manner to all employees? | 1 | | | D - Policy | |
| Does the Agency have a written policy that establishes a formal process to deal with employee complaints concerning illegal activities in the organization, and that prevents retaliation? | 1 | | | D - Policy | |
| Does the Agency have a process for reviewing and responding to ideas, suggestions, comments, and perceptions from all staff members? | 1 | | | D - Policy | |
| Did the Provider ensure that staffing patterns and staff qualifications are sufficient to provide culturally competent services described within the contract? | 1 | | | D - Budget | |

**Section II: Financial Administrative
Provider Agency being monitored:**

Broward Regional Health Planning Council

| Area of Review | Compliance | | | I = Interview C=Observation D=Documentation (List Who or What) | Comments | Result | Items to Check |
|---|------------|----|----|--|--|--------|----------------|
| | Yes | No | NA | | | | |
| A. General | | | | | | | |
| 1 Are internal policies and procedures in the Agency's Accounting Policy and Procedures Manual followed? | 12 | 0 | 3 | I=Director of Finance D=Accounting & Financial Control Policies and Procedures D=Bank Statements | | 1 | 0 |
| 2 Is the distribution of duties adequate to safeguard assets? | 1 | | | I=Director of Finance D=Accounting & Financial Control Policies and Procedures D=Position Descriptions | | | |
| 3 Does the FULL Board review and accept the Agency's audit and management letter (not just the Finance and/or Audit Committees)? | 1 | | | D=Financial Statements and Supplemental Information D=Board of Directors Meeting Minutes | Financial Statements and Supplemental Information FYE June 30, 2013 Board of Directors Meeting Minutes dated 11/14/13 | | |
| 4 Does the Board review the Agency's response to the Management Letter? | | | 1 | D=Financial Statements and Supplemental Information | | | |
| 5 Are there written policies regarding reporting and responding to suspected fraud? | 1 | | | D=Policy and Procedures Manual | | | |
| 6 Are current and complete disclosures of financial results of each funded program provided quarterly and annually to the Board of Directors? | 1 | | | I=Director of Finance | | | |
| 7 Is there an annual or multi-year financial plan addressing long term solvency and continuity of services? | 1 | | | I=Director of Finance | | | |
| 8 Are the Agency's Government contracts, purchase of service agreements, and grants agreements in writing? | 1 | | | I=Director of Finance | | | |

**Section II: Financial Administrative
Provider Agency being monitored:**

Broward Regional Health Planning Council

| Area of Review | Compliance | | | I = Interview O = Observation D = Documentation (List Who or What) | Comments | Result | Items to Check |
|---|------------|----------|----------|---|------------|----------|----------------|
| | Yes | No | NA | | | | |
| 9 If the Agency's Government contracts, purchase of service agreements, and grants agreements are in writing, are they reviewed by a staff member of the organization to monitor compliance with all stated conditions? | 1 | | | I=Director of Finance | | | |
| 10 Has the Agency established a plan identifying actions to take in the event of a reduction or loss in monetary resources? | 1 | | | I=Director of Finance | | | |
| 11 Has the Agency developed a plan to establish a reserve of funds to cover at least three months of operating expenses? | 1 | | | I=Director of Finance | | | |
| 12 Are records maintained of client fees collected? | | | 1 | | | | |
| 13 Indirect Cost: Is there a cost allocation methodology in writing? | 1 | | | D=Cost Policy Statement | | | |
| 14 Indirect Cost: If there is a cost allocation methodology in writing, is it representative of the allocation used? | 1 | | | I=Director of Finance | | | |
| 15 Indirect Cost: Are the indirect costs charged to the program representative of the program's size as compared to others operated by the Agency? (based on review of the Agency's Cost Allocation Methodology for reasonableness) | | 1 | | | | | |
| B. Banking | 14 | 0 | 0 | | | 1 | 0 |
| 1 Are bank statements reconciled monthly? | 1 | | | I=Director of Finance | | | |
| 2 Are bank statement reconciliations performed by a different employee than the one preparing checks? | 1 | | | I=Director of Finance | | | |
| 3 Do the preparer of the reconciliation report and the immediate supervisor sign the reconciliation? | 1 | | | D=Bank Reconciliations | | | |
| 4 Are adjustments properly documented and explained? | 1 | | | I=Director of Finance | | | |
| 5 Select a random month (indicate month in column G); Were the items listed above performed correctly for this month? | 1 | | | D=Bank Reconciliations | March 2014 | | |
| 6 Select another random month (indicate month in column G); Were the items listed above performed correctly for this month? | 1 | | | D=Bank Reconciliations | April 2014 | | |
| 7 Select a third random month (indicate month in column G); Were the items listed above performed correctly for this month? | 1 | | | D=Bank Reconciliations | May 2014 | | |
| 8 Based on bank statements, is it true that no checks have been returned due to insufficient funds? | 1 | | | D=Bank Statements | | | |
| 9 Do bank statements reflect a positive balance at the end of the month? | 1 | | | D=Bank Statements | | | |
| 10 Are checks pre-numbered? | 1 | | | I=Director of Finance | | | |

**Section II: Financial Administrative
Provider Agency being monitored:**

Broward Regional Health Planning Council

| Area of Review | Compliance | | | I=Interview O=Observation D=Documentation (List Who or What) | Comments | Result | Items to Check |
|--|------------|----|----|---|--|--------|----------------|
| | Yes | No | NA | | | | |
| 11 Does Agency have a policy for signing checks (i.e. checks in excess of X amount require two signatures)? | 1 | | | D=Accounting & Financial Control Policies and Procedures | | | |
| 12 Are blank checks stored securely (under lock and key)? | 1 | | | I=Director of Finance | | | |
| 13 Is it true that checks have an expiration date? | 1 | | | I=Director of Finance | | | |
| 14 Are voided checks mutilated in some manner (i.e. signature section removed and "VOID" indicated)? | 1 | | | I=Director of Finance | | 1 | 0 |
| C. Journals and Ledgers | 2 | 0 | 0 | I=Director of Finance | | 1 | 0 |
| 1 Does the yearly audited financial statement fairly reflect the financial standing of the company? | 1 | | | D=Financial Statements and Supplemental Information | Year Ended June 30, 2013 | | |
| 2 Are there findings/notes in the yearly audited financial statement? | 1 | | | D=Financial Statements and Supplemental Information | Year Ended June 30, 2013 | | |
| D. Budget | 3 | 0 | 0 | | | 1 | 0 |
| Indicate fiscal year start and end dates in column H | | | | | FY Start Date: July 1 FY End Date: June 30 | | |
| 1 Does the agency maintain a program budget that captures all program expenses? | 1 | | | D=Budget FY 2014 | | | |
| 2 Is the agency adhering to the approved budget submitted within the proposal? | 1 | | | I=Director of Finance D=Budget to Actual Revenues and Expenses | | | |
| 3 Does agency prepare a Budget Variance Report or otherwise track expenditures versus budgeted amounts on a regular basis? (regular = not less than quarterly) | 1 | | | I=Director of Finance D=Expense Budget to Actual | | | |
| E. Program Revenues | 1 | 0 | 2 | | | 1 | 0 |
| 1 Does the agency have procedures for collection of program revenues (i.e. fees, interests)? | 1 | | | I=Director of Finance | | | |
| 2 Are revenues deposited in the bank account of the program within 48 hours? | | | 1 | | No program revenue collected during review period. | | |
| 3 Are revenues re-invested in program activities or otherwise expended as allowed by the program funder? | | | 1 | | No program revenue collected during review period. | | |

**Section II: Financial Administrative
Provider Agency being monitored:**

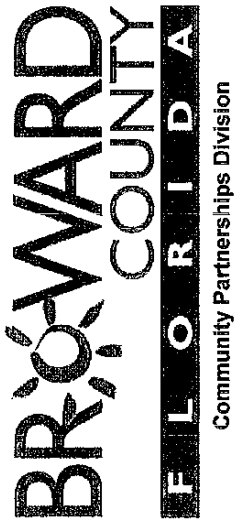
Broward Regional Health Planning Council

| Area of Review | Compliance | | | I = Interview O=Observation D=Documentation (List Who or What) | Comments | Result | Items to Check |
|---|------------|----|----|---|---|--------|-------------------|
| | Yes | No | NA | | | | |
| F. Payroll Taxes | 4 | 0 | 0 | | | 1 | 0 |
| 1 Does Form 941 (Federal Quarterly Payroll Tax Return) indicate that the provider is remitting payroll taxes, including federal withholding tax, employee share of FICA and employer share of FICA? | 1 | | | D=941 | 941 for Quarter Ended March 31, 2014 | | |
| 2 Does Form UCT-6 (Florida Unemployment Compensation Tax) and supporting documentation verify that the provider is filing state unemployment compensation returns? | 1 | | | D=RT-6 | RT-6 for Quarter Ended March 31, 2014 | | |
| 3 Is the Annual IRS Form #990 completed? | 1 | | | D=990 | 2012 Form 990 for July 1, 2012 - June 30, 2013 | | |
| 4 Is the Annual IRS Form #990 submitted on time? | 1 | | | D=Form 8868 Approval | Due 11/15/13 Extended until 2/15/14 Filed 1/21/14 | | |
| G. Ryan White National Monitoring Standards | 11 | 0 | 2 | | | 1 | 0 |
| 1 Did lobbying activities exclude the use of Part A funds? | 1 | | | I=Director of Finance | | | |
| 2 Has agency staff been trained on the payer of last resort policy? | 1 | | | I=Director of Finance | | | |
| 3 Do the agency's policies and procedures address payer of last resort requirements? | 1 | | | D=Centralized Intake & Eligibility Determination, Guiding Principles | | | |
| 4 Is agency certified to receive Medicaid payments? | | | 1 | I=Director of Finance | | | |
| 5 Does the agency's reported program income reconcile with accounting records? | | | 1 | I=Director of Finance | No program income collected during review period. | | |
| 6 Has the agency established a policy for client charges? | 1 | | | D=Centralized Intake & Eligibility Determination, Guiding Principles | | | |
| 7 Do the agency's policies and procedures provide for clients to receive services regardless of the client's ability to pay? | 1 | | | D=Centralized Intake & Eligibility Determination, Guiding Principles | | | |

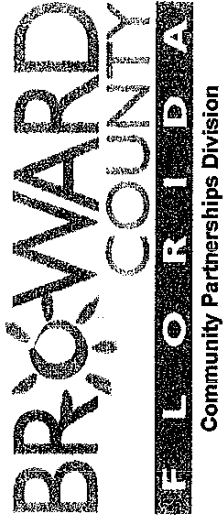
**Section II: Financial Administrative
Provider Agency being monitored:**

Broward Regional Health Planning Council

| Area of Review | Compliance | | | I = Interview O = Observation D = Documentation (List Who or What) | Comments | Result | Items to Check |
|--|------------|----|----|--|--|--------|----------------|
| | Yes | No | NA | | | | |
| 8 Does agency's policy state that no charges will be imposed on clients with incomes below 100% of the FPL (Federal Poverty Level)? | 1 | | | D=Centralized Intake & Eligibility Determination, Guiding Principles | | | |
| 9 Does agency reconcile amount billed to amount expended by cost center? | 1 | | | I=Director of Finance | | | |
| 10 Was the agency's single audit report provided on time? | 1 | | | D=Financial Statements and Supplemental Information | FYE 6/30/13 Due 10/30/13 Received 10/07/13 | | |
| 11 Are there policies and procedures in place to guide the selection of an independent, external auditor? | 1 | | | D=Policies and Procedures | | | |
| 12 Does the agency have and use an allocation method for employee time and effort when engaged in activities supported by several funding sources? | 1 | | | I=Director of Finance D=Accounting & Financial Control Policies and Procedures | | | |
| 13 Does the agency have a policy addressing cost saving strategies for program expenditures? | 1 | | | I=Director of Finance | | | |



Monitoring Visit Programmatic Review Results
for
Broward Regional Health Planning Council
10-CP-HCS-8129-RW
Ryan White Part A Program
Centralized Intake & Eligibility Determination (CIED)
July 8, 2014 - July 11, 2014



**Broward Regional Health Planning Council
Ryan White Part A Program
Centralized Intake & Eligibility Determination (CIED)
Service Category Report Sections and Assigned Reviewer**

| Tabs: | Assigned to: |
|--|------------------------|
| Section I: Non-Financial (in Separate Administrative Report) | O. Rackal |
| Section II: Financial (in Separate Administrative Report) | D. Maloney |
| Section III: Personnel/Volunteer File Contents | O. Rackal |
| Section IV: Invoice and Billing | O. Rackal, L. Lochard |
| Section IV B: Units of Service Review Summary | O. Rackal |
| Section V: Client Service Reports | O. Rackal |
| Section VI: Client File Content | O. Rackal, S. Odusanya |
| Section VII: Outcome Attainment | O. Rackal |
| Section VIII: Procedures Review by Service Category | O. Rackal |

Section III: Personnel/Volunteer File Contents
Provider Agency being monitored:
Program being monitored:
Service Category being monitored:

Broward Regional Health Planning Council
Ryan White Part A Program
Centralized Intake & Eligibility Determination (CIED)

A. Personnel/Volunteer File Review

Total employees assigned to County-funded program: **19**
 Total volunteers assigned to County-funded program: **0**
 Number of personnel/volunteer files reviewed: **19**
 Number of files missing one or more items: **0**

Contract #: 10-HCS-8129-RW

| Area of Review | Compliant? | | | i = Interview O=Observation D=Documentation (List Who or What) | Comments |
|--|------------|----------|------------|---|----------|
| | # of Yes | # of No | # of NA | | |
| B. Personnel/Volunteer File Items Reviewed | 418 | 0 | 190 | | |
| Does the Agency maintain secured files for each employee? | 19 | 0 | 0 | D - Personnel Files | |
| Is confidential employee medical information maintained in a separate locked file? | 19 | 0 | 0 | D - Personnel Files | |
| Do the Agency's personnel files contain the following items? (If a checklist is in the files indicating each item has been received or reviewed, indicate a "Yes" in the rows below for each of the items included on the checklist) | | | | | |
| Signed job application or resume for all positions? | 19 | 0 | 0 | D - Personnel Files | |
| Current W-4 form? | 19 | 0 | 0 | D - Personnel Files | |
| Employees' receipt of established job descriptions including: qualifications, duties, reporting relationships and essential functions? | 19 | 0 | 0 | D - Personnel Files | |
| Signed document indicating employee has received new staff orientation and understands personnel policies, infectious disease risk, provider's universal infection control procedures, standards of ethical conduct (including sexual harassment), abuse reporting procedures, and policies regarding client rights and confidentiality? | 19 | 0 | 0 | D - Personnel Files | |
| Performance standards and key indicators for performance for each employee (either in job descriptions or other documents in the employee's personnel file)? | 19 | 0 | 0 | D - Personnel Files | |
| Proof of employees' receipt of and ongoing access to updated personnel policies & procedures | 19 | 0 | 0 | D - Personnel Files | |
| Proof of employees' receipt of and ongoing access to drugfree workplace policy | 19 | 0 | 0 | D - Personnel Files | |
| Proof of employees' receipt of and ongoing access to smoke-free workplace policy (if Agency serves children) | 0 | 0 | 19 | D - Personnel Files | |

Section III: Personnel/Volunteer File Contents
Provider Agency being monitored:
Program being monitored:
Service Category being monitored:

Broward Regional Health Planning Council
Ryan White Part A Program
Centralized Intake & Eligibility Determination (CIED)

A. Personnel/Volunteer File: Review

| | |
|---|----|
| Total employees assigned to County-funded program: | 19 |
| Total volunteers assigned to County-funded program: | 0 |
| Number of personnel/volunteer files reviewed: | 19 |
| Number of files missing one or more items: | 0 |

Contract #: 10-HCS-8129-RW

| Area of Review | Compliant? | | I = Interview O=Observation D=Documentation (List Who or What) | Comments |
|---|------------|---------|---|----------|
| | # of Yes | # of No | | |
| Signed (by employee and supervisor) and dated acknowledgement that annual performance evaluations were completed in a timely manner? | 19 | 0 | D - Personnel Files | |
| Proof of education? (as appropriate) This may be required for all staff; refer to the contract's credentials requirement. | 19 | 0 | D - Personnel Files | |
| Proof of achievement of required hours of in-service training? (if applicable) | 0 | 0 | D - Personnel Files | |
| Are there I-9 Forms on file for all employees? (In personnel files or separate filing system) | 19 | 0 | D - Personnel Files | |
| For employees who are required to be licensed, does their file contain a current copy of the required licenses? (if applicable) | 0 | 0 | D - Personnel Files | |
| Does the Agency conduct applicant reference check(s) including prior employment? | 19 | 0 | D - Personnel Files | |
| Prior to hiring, is a Level 1 criminal background check performed for each employee hired to provide direct services to children, the elderly, and vulnerable populations? | 19 | 0 | D - Personnel Files | |
| Was the Level 1 check completed for each employee required to be screened? | 19 | 0 | D - Personnel Files | |
| Did the provider complete the Level 1 state criminal correspondence checks through FDLE? | 19 | 0 | D - Personnel Files | |
| Did the employer receive a response to the Level 1 checks within a reasonable time (90 days) or communicate with the checking authority regarding the missing information? | 19 | 0 | D - Personnel Files | |
| Is it true that the employee(s) has/have not been found guilty of or entered a plea of nolo contendere or guilty to any offense listed in s.435.03? | 19 | 0 | D - Personnel Files | |
| Is it true that the employee(s) of developmental disability centers, intermediate care facilities for developmentally disabled, or mental health treatment facilities, has/have not committed an act of domestic violence defined in S741.28? | 0 | 0 | D - Personnel Files | |

Section III: Personnel/Volunteer File Contents
Provider Agency being monitored:
Program being monitored:
Service Category being monitored:

Broward Regional Health Planning Council
Ryan White Part A Program
Centralized Intake & Eligibility Determination (CIED)

A. Personnel/Volunteer File Review

Total employees assigned to County-funded program: 19
 Total volunteers assigned to County-funded program: 0
 Number of personnel/volunteer files reviewed: 19
 Number of files missing one or more items: 0

Contract #: 10-HCS-8129-RW

| Area of Review | Compliant? | | i = Interview O=Observation D=Documentation (List Who or What) | Comments |
|--|------------|---------|---|----------|
| | # of Yes | # of No | | |
| After hiring, is there a Level 2 criminal background check for each employee hired to provide direct services to children, the elderly, and vulnerable populations? | 19 | 0 | D - Personnel Files | |
| During the Level 2 check, have the employee(s) fingerprints been checked for statewide criminal and juvenile records through FDLE? | 19 | 0 | D - Personnel Files | |
| During the Level 2 check, have the employee(s) fingerprints have been checked with FBI? | 0 | 0 | D - Personnel Files | |
| During the Level 2 check, did the employer receive a response to the checks within a reasonable time (90 days) or communicate with the checking authority regarding the missing information? | 19 | 0 | D - Personnel Files | |
| During the Level 2 check, is it true that the employee(s) has/have not been found guilty of or entered a plea of nolo contendere or guilty to any offense listed in s435.94? | 19 | 0 | D - Personnel Files | |
| Does each file contain evidence that an employee physical and TB testing was completed? | 0 | 0 | D - Personnel Files | |
| Does each file contain evidence that drug screenings were conducted for Agency employees? | 0 | 0 | D - Personnel Files | |
| For employees that transport clients, do their personnel files include evidence of a current driver's license? | 0 | 0 | D - Personnel Files | |
| For employees that use personal vehicles to transport clients, do their personnel files include proof of car insurance? | 0 | 0 | D - Personnel Files | |
| Do personnel files include other documentation as required by the provider and/or contractual terms & conditions? (if so, please specify in column G) | 0 | 0 | D - Personnel Files | |

Section IV: Invoice and Billing
Provider Agency being monitored:
Program being monitored:
Service Category being monitored:

Broward Regional Health Planning Council
Ryan White Part A Program
Centralized Intake & Eligibility Determination (CIED)

| Area of Review | Compliance | | | I = Interview O=Observation D=Documentation (List Who or What) | Comments |
|--|------------|----------|----------|---|----------|
| | Yes | No | NA | | |
| A. General | 11 | 0 | 8 | | |
| Are invoices signed by an authorized signatory? | 1 | | | | |
| Are invoices submitted according to contract schedule? | 1 | | | | |
| Are payments to subcontractors and suppliers submitted with monthly invoices to Broward County? | | | 1 | | |
| Are units of services consistent with contracted definitions? | 1 | | | | |
| Are units of services verifiable? | 1 | | | | |
| Were units of service delivered to eligible clients? | 1 | | | | |
| Is Provider expected to expend the full contract amount? | 1 | | | | |
| Is County billed as payer of last resort? | 1 | | | | |
| Does documentation of Medicaid verifications exist? | | | 1 | | |
| Does billing exclude Medicaid services for Medicaid clients? | | | 1 | | |
| Does billing exclude services covered by Medicare or third-party payers? | | | 1 | | |
| Does Provider track clients' eligibility for third party payments? | 1 | | | | |
| Are client fee criteria and collection procedures established? | | | 1 | | |
| Are client records maintained? | 1 | | | | |
| Are fees collected? | | | 1 | | |
| Are client fees and third-party payments deducted from invoices? | | | 1 | | |
| Are procedures established and implemented to eliminate duplicate billing between multiple County contracts and other funding sources? | 1 | | | | |
| If it was requested, was Provider's report on other funding sources submitted to the County? | | | 1 | | |
| Does original documentation for cost reimbursement items and expenses exist? | 1 | | | | |

Section IV B: Units of Service Review Summary
 Provider Agency being monitored: Broward Regional Health Planning Council
 Program being monitored: Ryan White Part A Program

| Invoice Review Period (in date format) | Service Category | Units/Dollars Billed in Review Period | Units/Dollars Reviewed in Sample | Units/Dollars Invoiced but unsupported | Comments | Sample Error Rate |
|--|------------------|---------------------------------------|----------------------------------|--|----------|-------------------|
| | CIED | 121 \$1,452 | 8,184 \$108,046 | 0 \$0 | | 0 |
| | | | | | | #DIV/0! |
| | | | | | | #DIV/0! |
| | | | | | | #DIV/0! |
| | | | | | | #DIV/0! |
| | | | | | | #DIV/0! |

Section V: Client Service Reports
Provider Agency being monitored:
Program being monitored:
Service Category being monitored:

Broward Regional Health Planning Council
Ryan White Part A Program
Centralized Intake & Eligibility Determination (CIED)

| Area of Review | Compliance | | | I = Interview O = Observation D = Documentation (List Who or What) | Comments |
|---|------------|----|----|---|----------|
| | Yes | No | NA | | |
| A. Client Service Reports Items Reviewed | 4 | 0 | 4 | | |
| Are required number of clients receiving services? | | | 1 | | |
| Are compiled satisfaction survey results being submitted annually by July 15? | | | 1 | | |
| Are quarterly demographic reports submitted on time? | | | 1 | | |
| Are quarterly demographic reports submitted without errors? | | | 1 | | |
| Are quarterly outcome measure reports submitted on time? | 1 | | | | |
| Are quarterly outcome measure reports submitted without errors? | 1 | | | | |
| Are there clearly defined methods for evaluating the level of outcome measure attainment? If so, specify what they are in column G. | 1 | | | | |
| Are the levels of outcome attainment indicated on quarterly reports supported by site visit analysis? | 1 | | | | |

Section VI.6: Client File Content
Provider Agency being monitored:
Program being monitored:
Service Category:

Broward Regional Health Planning Council
Ryan White Part A Program
Centralized Intake & Eligibility Determination

A. Client File Review

Total clients served during review period: **2237**
 Number of client files reviewed: **40**

| Area of Review | Compliant? | | 1 = Interview 0 = Observation D = Documentation (List Who or What) | Comments |
|---|------------|----------|---|------------------|
| | # of Yes | # of No | | |
| B. Client File Items Reviewed | 603 | 0 | 197 | |
| Intake forms include client name, SSN (or other identifier), date of birth, gender, ethnicity, and date of program entry? | 38 | 0 | 2 | D - Client Files |
| Client file contains documentation of eligibility requirements: | | | | |
| Proof of income eligibility (Check copies, bank statements, tax returns, etc.)? | 38 | 0 | 2 | D - Client Files |
| Proof of HIV/AIDS status? | 38 | 0 | 2 | D - Client Files |
| Proof of residency? | 38 | 0 | 2 | D - Client Files |
| Are clients screened on an ongoing basis for eligibility and enrollment in third-party insurance programs such as Medicaid, Medicare, private / commercial insurance etc? | 38 | 0 | 2 | D - Client Files |
| Emergency (secondary) contact information is included? | 33 | 0 | 7 | D - Client Files |
| Documentation of clients' receipt of the provider's Client Rights and Responsibilities? | 38 | 0 | 2 | D - Client Files |
| Documentation of clients' receipt of the provider's Grievance Procedure? | 38 | 0 | 2 | D - Client Files |
| Files include signed consent documentation (including: Ryan White Freedom of Choice)? | 38 | 0 | 2 | D - Client Files |
| Files include service plans? | 0 | 0 | 40 | D - Client Files |
| If included, service plans contain measurable goals/objectives? | 0 | 0 | 40 | D - Client Files |
| If included, service plans goals/objectives have timeframes for achievement? | 0 | 0 | 40 | D - Client Files |
| Files include progress notes that address service plan goals? | 0 | 0 | 40 | D - Client Files |
| Client file contains documentation of most current Medical appointment? | 38 | 0 | 2 | D - Client Files |
| Client file contains documentation of current CD4 results? | 38 | 0 | 2 | D - Client Files |
| Client file contains documentation of current Viral Load results? | 38 | 0 | 2 | D - Client Files |
| Are all required data elements in Provide Enterprise (PE)? | 38 | 0 | 2 | D - Client Files |

Section VI.6: Client File Content

Provider Agency being monitored:

Program being monitored:

Service Category:

Broward Regional Health Planning Council

Ryan White Part A Program

Centralized Intake & Eligibility Determination

A. Client File Review

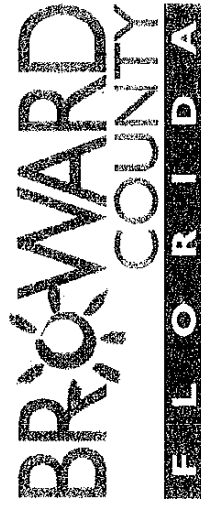
Total clients served during review period: **2237**

Number of client files reviewed: **40**

| Area of Review | Compliant? | | | I = Interview O = Observation D = Documentation (List Who or What) | Comments |
|---|------------|---------|---------|---|----------|
| | # of Yes | # of No | # of NA | | |
| Client identifier on all documents? | 38 | 0 | 2 | D - Client Files | |
| Records reflect original file entries? | 38 | 0 | 2 | D - Client Files | |
| Client files are organized and orderly (e.g. no loose pages)? | 38 | 0 | 2 | D - Client Files | |

Section VIII: Procedures Review by Service Category
Broward Regional Health Planning Council
Provider Agency being monitored:
Ryan White Part A Program

| Area of Review | Compliance | | | I = Interview O=Observation D=Documentation (List Who or What) | Comments |
|--|------------|----|----|---|----------|
| | Yes | No | NA | | |
| Does the multi-disciplinary staffing involve medical staff, assigned case managers, and other appropriate service providers? | | | 1 | | |
| F. Ryan White - Food Bank Does the provider have written instructions regarding alternate signatory to pick up client food supplies? Does the sub-grantee provide monthly multi-disciplinary case staffing? | 0 | 0 | 3 | | |
| Does the multi-disciplinary staffing involve medical staff, assigned case managers, and other appropriate service providers? | | | 1 | | |
| G. Ryan White - Additional Service 1 Does the sub-grantee provide monthly multi-disciplinary case staffing? | 0 | 0 | 0 | | |
| Does the multi-disciplinary staffing involve medical staff, assigned case managers, and other appropriate service providers? | | | | | |
| H. Ryan White - Additional Service 2 Does the sub-grantee provide monthly multi-disciplinary case staffing? | 0 | 0 | 0 | | |
| Does the multi-disciplinary staffing involve medical staff, assigned case managers, and other appropriate service providers? | | | | | |
| I. Ryan White - Additional Service 3 Does the sub-grantee provide monthly multi-disciplinary case staffing? | 0 | 0 | 0 | | |
| Does the multi-disciplinary staffing involve medical staff, assigned case managers, and other appropriate service providers? | | | | | |
| J. Summary Notes: Client File Review | | | | | |
| K. Summary Notes: Procedural Review | | | | | |



Community Partnerships Division

**Monitoring Visit Programmatic Review Results
for
Broward Regional Health Planning Council, Inc.
14-CP-HIP-8128-2
Homeless Point-in-Time Count
July 8 - 11, 2014**



Community Partnerships Division

**Broward Regional Health Planning Council, Inc.
Homeless Point-in-Time Count**

Programmatic Report Sections and Assigned Reviewer

| Tabs: | Assigned to: |
|--|---------------------|
| Section I: Non-Financial (in Separate Administrative Report) | Deborah Maloney |
| Section II: Financial (in Separate Administrative Report) | Deborah Maloney |
| Section III: Personnel/Volunteer File Contents | Gladys M. Mordon |
| Section IV: Invoice and Billing | Gladys M. Mordon |
| Section IV B: Units of Service Review Summary | Gladys M. Mordon |
| Section V: Client Service Reports | Gladys M. Mordon |
| Section VI: Client File Contents | Gladys M. Mordon |
| Section VII: Outcome Attainment | Gladys M. Mordon |

Section III: Personnel/Volunteer File Contents
Provider Agency being monitored:
Program being monitored:

Broward Regional Health Planning Council, Inc.
Homeless Point-in-Time Count

| Area of Review | Compliant? | | I = Interview O=Observation D=Documentation (List Who or What) | Comments |
|--|------------|---------|---|---------------------|
| | # of Yes | # of No | | |
| A. Personnel/Volunteer File Review Total employees assigned to County-funded program: 1 Total volunteers assigned to County-funded program: 0 Number of personnel/volunteer files reviewed: 1 Number of files missing one or more items: 0 Contract #: 14-CP-HIP-8128-2 | | | | |
| B. Personnel/Volunteer File Items Reviewed | | | | |
| Does the Agency maintain secured files for each employee? | 24 | 0 | 8 | |
| Is confidential employee medical information maintained in a separate locked file? | 1 | 0 | 0 | D - Personnel Files |
| Do the Agency's personnel files contain the following items? (If a checklist is in the files indicating each item has been received or reviewed, indicate a "Yes" in the rows below for each of the items included on the checklist) | 1 | 0 | 0 | D - Personnel Files |
| Signed job application or resume for all positions? | 1 | 0 | 0 | D - Personnel Files |
| Current W-4 form? | 1 | 0 | 0 | D - Personnel Files |
| Employees' receipt of established job descriptions including: qualifications, duties, reporting relationships and essential functions? | 1 | 0 | 0 | D - Personnel Files |
| Signed document indicating employee has received new staff orientation and understands personnel policies, infectious disease risk, provider's universal infection control procedures, standards of ethical conduct (including sexual harassment), abuse reporting procedures, and policies regarding client rights and confidentiality? | 1 | 0 | 0 | D - Personnel Files |
| Performance standards and key indicators for performance for each employee (either in job descriptions or other documents in the employee's personnel file)? | 1 | 0 | 0 | D - Personnel Files |
| Proof of employees' receipt of and ongoing access to updated personnel policies & procedures | 1 | 0 | 0 | D - Personnel Files |
| Proof of employees' receipt of and ongoing access to drugfree workplace policy | 1 | 0 | 0 | D - Personnel Files |
| Proof of employees' receipt of and ongoing access to smoke-free workplace policy (if Agency serves children) | 0 | 0 | 1 | D - Personnel Files |

Section III: Personnel/Volunteer File Contents
Provider Agency being monitored:
Program being monitored:

Broward Regional Health Planning Council, Inc.
Homeless Point-in-Time Count

| A. Personnel/Volunteer File Review | | Contract #: 14-CP-HIP-8128-2 | | I = Interview O=Observation D=Documentation (List Who or What) | Comments |
|--|------------|------------------------------|---------|---|--|
| Area of Review | Compliant? | | | | |
| | # of Yes | # of No | # of NA | | |
| Total employees assigned to County-funded program: | 1 | 0 | 0 | | |
| Total volunteers assigned to County-funded program: | 0 | 0 | 0 | | |
| Number of personnel/volunteer files reviewed: | 1 | 0 | 0 | | |
| Number of files missing one or more items: | 0 | 0 | 0 | | |
| Signed (by employee and supervisor) and dated acknowledgement that annual performance evaluations were completed in a timely manner? | 1 | 0 | 0 | D - Personnel Files | Employee hire date was September 11, 2013. |
| Proof of education? (as appropriate) This may be required for all staff; refer to the contract's credentials requirement. | 1 | 0 | 0 | D - Personnel Files | |
| Proof of achievement of required hours of in-service training? (if applicable) | 1 | 0 | 0 | D - Personnel Files | |
| Are there I-9 Forms on file for all employees? (In personnel files or separate filing system) | 1 | 0 | 0 | D - Personnel Files | |
| For employees who are required to be licensed, does their file contain a current copy of the required licenses? (if applicable) | 0 | 0 | 1 | D - Personnel Files | |
| Does the Agency conduct applicant reference check(s) including prior employment? | 1 | 0 | 0 | D - Personnel Files | |
| Prior to hiring, is a Level 1 criminal background check performed for each employee hired to provide direct services to children, the elderly, and vulnerable populations? | 1 | 0 | 0 | D - Personnel Files | |
| Was the Level 1 check completed for each employee required to be screened? | 1 | 0 | 0 | D - Personnel Files | |
| Did the provider complete the Level 1 state criminal correspondence checks through FDLE? | 1 | 0 | 0 | D - Personnel Files | |
| Did the employer receive a response to the Level 1 checks within a reasonable time (90 days) or communicate with the checking authority regarding the missing information? | 1 | 0 | 0 | D - Personnel Files | |
| Is it true that the employee(s) has/have not been found guilty of or entered a plea of nolo contendere or guilty to any offense listed in s.435.03? | 1 | 0 | 0 | D - Personnel Files | |
| Is it true that the employee(s) of developmental disability centers, intermediate care facilities for developmentally disabled, or mental health treatment facilities, has/have not committed an act listed in s.435.03? | 0 | 0 | 1 | D - Personnel Files | |

Section III: Personnel/Volunteer File Contents
Provider Agency being monitored:
Program being monitored:

Broward Regional Health Planning Council, Inc.
Homeless Point-in-Time Count

| A. Personnel/Volunteer File Review | | Contract #: 14-CP-HIP-8128-2 | | |
|--|------------|------------------------------|---|---|
| Total employees assigned to County-funded program: | 1 | | | |
| Total volunteers assigned to County-funded program: | 0 | | | |
| Number of personnel/volunteer files reviewed: | 1 | | | |
| Number of files missing one or more items: | 0 | | | |
| Area of Review | Compliant? | | I = Interview O=Observation D=Documentation (List Who or What) | Comments |
| | # of Yes | # of No NA | | |
| After hiring, is there a Level 2 criminal background check for each employee hired to provide direct services to children, the elderly, and vulnerable populations? | 1 | 0 | 0 | D - Personnel Files |
| During the Level 2 check, have the employee(s) fingerprints been checked for statewide criminal and juvenile records through FDLE? | 1 | 0 | 0 | D - Personnel Files |
| During the Level 2 check, have the employee(s) fingerprints have been checked with FBI? | 1 | 0 | 0 | D - Personnel Files |
| During the Level 2 check, did the employer receive a response to the checks within a reasonable time (90 days) or communicate with the checking authority regarding the missing information? | 1 | 0 | 0 | D - Personnel Files |
| During the Level 2 check, is it true that the employee(s) has/have not been found guilty of or entered a plea of nolo contendere or guilty to any offense listed in s435.94? | 1 | 0 | 0 | D - Personnel Files |
| Does each file contain evidence that an employee physical and TB testing was completed? | 0 | 0 | 1 | D - Personnel Files |
| Does each file contain evidence that drug screenings were conducted for Agency employees? | 0 | 0 | 1 | D - Personnel Files |
| For employees that transport clients, do their personnel files include evidence of a current driver's license? | 0 | 0 | 1 | D - Personnel Files |
| For employees that use personal vehicles to transport clients, do their personnel files include proof of car insurance? | 0 | 0 | 1 | D - Personnel Files |
| Do personnel files include other documentation as required by the provider and/or contractual terms & conditions? (If so, please specify in column G) | 1 | 0 | 0 | D - Personnel Files Certificate of Completion Cultural Competency Training |

**Section IV: Invoice and Billing
 Provider Agency being monitored:
 Program being monitored:**

**Broward Regional Health Planning Council, Inc.
 Homeless Point-in-Time Count**

| Area of Review | Compliance | | | I = Interview O=Observation D=Documentation (List Who or What) | Comments |
|--|------------|----|----|---|---|
| | Yes | No | NA | | |
| A. General | | | | | |
| Are invoices submitted according to contract schedule? | 6 | 0 | 4 | | |
| Are payments to subcontractors and suppliers submitted with monthly invoices to Broward County? | 1 | | 1 | D-Invoices | Billing for subcontractors had not been submitted at the time of the monitoring visit |
| Are units of services consistent with contracted definitions? | 1 | | | D-Invoices | |
| Are units of services verifiable? | 1 | | | D-Time records | |
| Were units of service delivered to eligible clients? | | | 1 | | |
| Is Provider expected to expend the full contract amount? | 1 | | | D-Invoices | Fifty (50%) of the contract amount should have been expended by the 2nd quarter, 24% of funds had been used. Once billing is submitted for the Point In Time (PIT) and Needs Assessment Reports the funding should be fully utilized. |
| Is County billed as payer of last resort? | 1 | | | I-Finance Director | Employee timesheets are used to identify billing of multiple County contracts. |
| Are procedures established and implemented to eliminate duplicate billing between multiple County contracts and other funding sources? | 1 | | | I-Finance Director | |
| If it was requested, was Provider's report on other funding sources submitted to the County? | | | 1 | | |
| Does original documentation for cost reimbursement items and expenses exist? | | | 1 | | |

Section IV B: Units of Service Review Summary
Provider Agency being monitored: Broward Regional Health Planning Council, Inc.
Program being monitored: 14-CP-HIP-8128-2

| Invoice Review Period (in date format) | Units/Dollars Billed in Review Period | Units/Dollars Reviewed in Sample | Units/Dollars Invoiced but Unsupported | Comments |
|--|---------------------------------------|----------------------------------|--|----------|
| 1 October 1, 2013 - May 31, 2014 | \$26,915.00 | \$26,915.00 | \$0.00 | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 TOTAL: | \$26,915.00 | \$26,915.00 | \$0.00 | |

**Section V: Client Service Reports
 Provider Agency being monitored:
 Program being monitored:**

**Broward Regional Health Planning Council, Inc.
 Homeless Point-in-Time Count**

| Area of Review | Compliance | | | J = Interview O = Observation D = Documentation (List Who or What) | Comments |
|---|------------|----|----|---|--|
| | Yes | No | NA | | |
| A. Client Service Reports Items Reviewed | | | | | |
| Are required number of clients receiving services? | 1 | 0 | 7 | | |
| Are compiled satisfaction survey results being submitted annually by July 15? | | | 1 | | |
| Are quarterly demographic reports submitted without errors? | | | 1 | | Satisfaction surveys were not due during the period of this review. |
| Are quarterly outcome measure reports submitted on time? | | | 1 | | |
| Are quarterly outcome measure reports submitted without errors? | | | 1 | | |
| Are there clearly defined methods for evaluating the level of outcome measure attainment? If so, specify what they are in column G. | 1 | | | D-PIT Documents | Provider maintains a binder with supporting documentation of Point In Time (PIT) activities to document start and end dates of completion. |
| Are the levels of outcome attainment indicated on quarterly reports supported by site visit analysis? | | | 1 | | |

**Section VII: Outcome Attainment
 Provider Agency being monitored: Broward Regional Health Planning Council, Inc.
 Program being monitored: Homeless Point-in-Time Count**

Period Reviewed (dates): 10/01/2013-05/31/2014

| Outcome Measures | Indicator | Methodology | Required Level of Attainment | Reported Attainment | Monitoring Visit Analysis of Attainment | YTD Attainment Achieved? | | | Comments |
|--|---|--|------------------------------|---------------------|---|--------------------------|----|----|--|
| | | | | | | Yes | No | NA | |
| A. Outcome Attainment | | | | | | | | | |
| Outcome Measure #1: Develop and adhere to timeline for PIT Count in County approved PIT Manual | 100% of scheduled activities are completed in accordance with the timeline in the County-approved PIT Manual. | A PIT Count Planner is maintained of committees structured to coordinate the Count. The committees consist of: Steering and Logistics; Data Processing/Reporting and HMIS; Public Communication; Sheltered/Unsheltered Count Logistics; Volunteer Recruitment and Training. The Planner records the activity the date to be completed and actual start/end date, along with the documents supporting the activity. | 100% | 100% | 100% | 0 | 0 | 0 | Provider maintains a binder with supporting documentation of Point in Time (PIT) activities to document start and end dates of completion of activities. |
| Outcome Measure #2: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #3: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #4: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #5: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #6: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #7: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #8: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #9: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #10: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #11: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #12: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #13: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #14: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #15: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #16: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #17: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #18: | | | | | | 0 | 0 | 0 | |
| Outcome Measure #19: | | | | | | 0 | 0 | 0 | |

Section VII: Outcome Attainment
Provider Agency being monitored: Broward Regional Health Planning Council, Inc.
Program being monitored: Homeless Point-in-Time Count

Period Reviewed (dates): 10/01/2013-06/31/2014

| Outcome Measures Outcome Measure #20: | Indicator | Methodology | Required Level of Attainment | Reported Attain ment | Monitoring Visit Analysis of Attainment | YTD Attainment Achieved? | | | Comments |
|--|-----------|-------------|---------------------------------|----------------------------|--|-----------------------------|----|----|----------|
| | | | | | | Yes | No | NA | |
| | | | | | | 0 | 0 | 0 | |

Administrative Assessment Tool

Agency Name: Broward Regional Health Planning Council, Inc.

Contract #: 12-2566

Program Name: Healthy Families Broward

Program Address: 200 Oakwood Lane, Suite #100, Hollywood, Florida 33020

Monitor's Name: Johannie Stanley, Compliance Accounting Manager

Date of Review: February 5-7, 2014

The following Administrative Assessment Tool serves as a guide for reviewing the Program funded through the Children's Services Council of Broward County ("CSC"). This administrative review should generally assess the effectiveness of the internal controls of the organization as a whole, while focusing on specific components related to CSC's funded program.

Personnel

| General | | | |
|---|-----|----|-----|
| <i>Objectives: These questions seek to provide an overview of the capabilities of the Agency in managing human resources issues and establishing and following its own procedures as required by best practices. Document observations.</i> | | | |
| Does the Agency have established Job Descriptions? | X | | |
| | Yes | No | N/A |
| Are employee records securely stored? | X | | |
| | Yes | No | N/A |
| Are all budgeted positions currently filled? | | X | |
| | Yes | No | N/A |
| Has the Agency had staff turn over related to this program? | X | | |
| | Yes | No | N/A |
| If so, how many, what positions, length of time vacant and date filled. | | | |

Comments: The Agency experienced turnover in two Family Support Worker I positions in the Healthy Mothers Healthy Babies program. One position is currently vacant. The Agency stated that they are conducting interviews to fill that position.

The Agency has two vacant positions at the BRHPC site 4. One Family Support Worker I position and one Family Support Worker II position. Positions have been vacant since the beginning of the fiscal year. Ms. Colon stated that one position will be filled and the potential candidate has accepted the post and will begin on Feb. 18, 2014.

In November 2013 the Agency restructured its' Agency and Laurie Colon was promoted to the Program Manager of the Healthy Family Program. Regine Kanzi who formerly served as the Program Manager is now in charge of other programs under the BRHPC umbrella. A replacement has not been identified to replace Laurie Colon's vacated Assistant Program Manager's post since her promotion.

| | |
|--------------------------------|--|
| Personnel/Employee File | |
|--------------------------------|--|

Objective: To ensure that the Agency properly maintains the required documentation and ensures the necessary requirements are met regarding its staff; such as testing, qualifications, licenses, and training. Document your results in a workpaper and submit with report.

Select a random sample of employee files and review them to determine whether the following documentation is present and current. The random sample of files should be selected from Exhibit A found in the respective contract.

| | | | |
|---|-----|----|-----|
| Job application and/or resume on file. | X | | |
| | Yes | No | N/A |
| Meet minimum educational requirements as stated in contract. | X | | |
| | Yes | No | N/A |
| Required Teacher Certification, if applicable (must be current). | | | X |
| | Yes | No | N/A |
| Background Check (level II for all personnel) or current School Board security clearance badge. | X | | |
| | Yes | No | N/A |
| Affidavit of good moral character on file (must be current) | X | | |
| | Yes | No | N/A |
| Documentation of emergency response training (if applicable) | | | X |
| | Yes | No | N/A |

Comments: None.

| | |
|------------------------|--|
| Payroll Records | |
|------------------------|--|

Objective: To determine if the Agency has appropriate procedures to track the payroll costs and ensure consistency with those approved by the funding agency. Document your results in a workpaper.

| | | | |
|--|-----|----|-----|
| Does staff, including management, document their work hours via a time sheet or punch clock? | X | | |
| | Yes | No | N/A |
| Are time records signed by both the employee and the supervisor? | X | | |
| | Yes | No | N/A |
| Review sample of Payroll journals to ensure that they include: staff name, salary, hours worked, payroll period, and deductions. | X | | |
| | Yes | No | N/A |
| A. For a sample of employees charged to the program, review that positions and salaries match the budget approved by the funding agency. Do they match? | | X | |
| | Yes | No | N/A |
| B. For the salaries which do not match the budget, is the variance within 5%. Provide detail if not. | X | | |
| | Yes | No | N/A |
| For a sample of employees charged to the program ensure that recorded time worked matches time paid as reflected in the Payroll journal. Do they match? | X | | |
| | Yes | No | N/A |

Comments: Chiara Martin budgeted position \$24,733. She is currently being paid \$21,008 which is 15% below the budgeted salary. Cheryl Gonzalve at the Kids in Distress site was also paid 15% below her budgeted salary.

The overall variance for all budgeted positions is below 5% variance, which is allowable by the CSC.

Fiscal

| | |
|----------------------------|--|
| Invoice and Billing | |
|----------------------------|--|

Objective: To ensure that the invoices are accurately prepared and properly documented and program revenues are properly managed.

| | | | |
|---|-----|----|-----|
| Does the Agency have an accounting system to properly account for CSC related transactions (revenues and expenses)? | X | | |
| | Yes | No | N/A |

Select a random number of invoices and test to determine the following:

Months selected: November and December 2013.

| | | | |
|--|-----|----|-----|
| A. Do the attendance records and other supporting documentation flow through to the invoice correctly? | | X | |
| | Yes | No | N/A |
| B. For invoices which do not flow through to the invoice correctly, is the variance within 3%. If not, please provide detail. | X | | |
| | Yes | No | N/A |
| C. Does this provider offer Supplemental Education Services (SES) Program? | | | X |
| | Yes | No | N/A |
| - Are any clients dual enrolled? | | | X |
| | Yes | No | N/A |
| - Is there an overlap of services? | | | X |
| | Yes | No | N/A |
| Is the invoice approved by authorized staff/management? | X | | |
| | Yes | No | N/A |
| Are invoices submitted by the 10 th of the month? If not, please state date of submission. | X | | |
| | Yes | No | N/A |
| Does the Agency utilize a sliding fee schedule? (Please refer to Exhibit A Section V, Method of Payment, to see if applicable) | | | X |
| | Yes | No | N/A |
| Is the revenue for Parent Fees (registration, membership, etc.) properly accounted for on the invoice (Third-Party payments or Match)? | | | X |
| | Yes | No | N/A |
| Are procedures established and implemented to eliminate duplicate billing? | X | | |
| | Yes | No | N/A |

Comments: Variance for units billed is less than 1%, which is allowable by the CSC.

The contracted rate paid to BRHPC by CSC is higher than the rate the Agency currently reimburses the sub-contractors for services provided to clients. For example CSC reimburses BRHPC \$55.00 per unit of Case Management. BRHPC in turn reimburses Kids in Distress \$52.25 for providing one unit of Case Management service. The result is a 5% difference in rate CSC pays to BRHPC and the amount the Agency reimburses the sub-contractors per unit of service.

The Agency bills CSC a quarter of a unit for Case Management when case workers call the client to say "They are on their way" to the scheduled appointment. The Agency is not providing any direct service to the client that warrants billing, but bills CSC for \$13.75 for the phone call.

Start-Up\Flex Funds\Value-Added

Objective: To ensure that the Agency has documented internal procedures to manage Start-Up, Flex Funds and Value-Added expenditures.

| | | | |
|---|-----|----|-----|
| Does the Agency have an internal procedure for managing the requests and approvals for Start-Up expenditures? | | | X |
| | Yes | No | N/A |
| Does the Agency have an internal procedure to verify and track Flex Funds expenditures? | | | X |
| | Yes | No | N/A |
| Does the Agency have an internal procedure to verify and track Value-Added expenditures? | | | X |
| | Yes | No | N/A |
| - Is there evidence that such procedures are implemented? | | | X |
| | Yes | No | N/A |
| - Does the procedure allow for cash disbursements? | | | X |
| | Yes | No | N/A |
| - Are the expenses authorized and approved by appropriate personnel? | | | X |
| | Yes | No | N/A |
| - Is documentation available to back up the expenditures of the Flex or Start-Up funds? | | | X |
| | Yes | No | N/A |

Comments: None.

| | |
|----------------------------|--|
| Match Contributions | |
|----------------------------|--|

Objective: To identify the Agency's efforts ensuring that in-kind requirements for each funding source are met and do not conflict with each other.

To ensure that in-kind contributions are utilized in accordance with the specifications of the contributor.

| | | | |
|--|-----|----|-----|
| Does Agency have procedures in place to record receipt of Match Contributions outlined in budget? | X | | |
| | Yes | No | N/A |
| Are Match Contributions properly allocated to this program? | X | | |
| | Yes | No | N/A |
| Are Match Contributions utilized according to the intent of the Agency? | X | | |
| | Yes | No | N/A |
| Are contributions reasonably valued? | X | | |
| | Yes | No | N/A |
| Are Match Contributions reported to CSC appropriately and accurately? Review procedures utilized by Agency to ensure that contributions are only reported once. (Note: Agency may report Match on monthly invoice or once at the end of contract the year) | X | | |
| | Yes | No | N/A |

Comments: None.

| | |
|---------------------------------|--|
| Property (If Applicable) | |
|---------------------------------|--|

Objective:

To ensure that the Agency properly documents, tracks, and safeguards the fixed assets purchased with CSC funds. (Please refer to Section IV, Funding and Method of Payment)

Perform only if the Agency has been funded by CSC, in current or prior funding cycles, for fixed assets such as computers or equipment. This test includes fixed price contracts where rates are based on calculations that included capital expenditures.

| | | | |
|--|-----|----|-----|
| Perform a physical inventory of a sample of CSC program assets selected from the fixed assets register provided by CSC. Do they agree? Note any discrepancies. | | | X |
| | Yes | No | N/A |
| Are program fixed assets being used in accordance with the funding intent? | | | X |
| | Yes | No | N/A |
| Asset additions and/or disposals have properly been documented and reported to CSC? | | | X |
| | Yes | No | N/A |
| Assets are adequately protected from theft and/or deterioration, damage? | | | X |
| | Yes | No | N/A |

Comments: None.

| | |
|--|--|
| Sub-Contractors (If Applicable) | |
|--|--|

Objective:

To ensure that work performed by agents outside the Agency meets the needs and the intent of CSC.

Perform only if there are sub-contractors being paid for direct services, with funding covered by this contract.

| | | | |
|--|-----|----|-----|
| Are sub-contracts allowed under this funding? (Some funding sources do not allow the use of sub-contractors to deliver direct services.) | X | | |
| | Yes | No | N/A |
| Does the subcontractor have a contract? | X | | |

| Sub-Contractors (If Applicable) | | | |
|---|-----|----|-----|
| Are level II background screenings for subcontractors performed? | Yes | No | N/A |
| | X | | |
| Are the payments to the sub-contractors consistent with the contract? | Yes | No | N/A |
| | X | | |
| | Yes | No | N/A |

Comments: The Agency has four sub-contracted floater positions filled currently instead of the six floater positions required by the contract.

The High Risk Family Therapist sub-contractor position is currently vacant. No payment to a sub-contractor holding this position was made since the beginning of the fiscal year. This sub-contracted budgeted position garners a \$60,000.00 annual stipend.

| | |
|------------------|--|
| Insurance | |
|------------------|--|

Objective:

To ensure that the Agency maintains in force for the term of the agreement general liability, professional liability and worker's compensation insurance. (Please refer to section XX, Insurance)

| | | | |
|---|-----|----|-----|
| Does the Agency have comprehensive general liability insurance with a minimum of \$300,000 per occurrence, bodily injury and property damage? | X | | |
| | Yes | No | N/A |
| Does the agency have professional liability insurance with a minimum of \$300,000 for each claim? | X | | |
| | Yes | No | N/A |
| Is the Agency's Certificate of Insurance in compliance with Florida Statute 440 (Worker's Compensation Law) | X | | |
| | Yes | No | N/A |

Comments: None.

| | |
|-----------------------------|--|
| Financial Statements | |
|-----------------------------|--|

Objective:

To determine that the Agency's financial statements are presented fairly in all material respects and to determine the Agency's fiscal solvency.

| | | | |
|---|-----|----|-----|
| Did the Agency submit audited financial statements to the CSC within 120 days of the close of its fiscal year? | X | | |
| Fiscal year end: June 30, 2013. Date of Submission: October 4, 2013. | Yes | No | N/A |
| If submitted late was extension granted? | | | X |
| Date of extension: N/A. | Yes | No | N/A |
| Was the audit conducted in accordance within Generally Accepted Auditing Standards in the United States of America (GAAS) | X | | |
| | Yes | No | N/A |

Agency's fiscal viability status based on most recent financial statements submitted

Fiscal Viability Status: No award limitations. Financial Statement year end: June 30, 2013.

Comments: None.

Development and Implementation of a Clinical and Business Intelligence System for the Florida Health Data Warehouse

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Abstract

Objective: To develop and implement a Clinical and Business Intelligence (CBI) system for the Florida Health Data Warehouse (FHDW) in order to bridge the gap between Florida's healthcare stakeholders and the health data archived in FHWD.

Materials and Methods: A gap analysis study has been conducted to evaluate the technological divide between the relevant users and FHWD health data, which is maintained by the Broward Regional Health Planning Council (BRHPC). The study revealed a gap between the health care data and the decision makers that utilize the FHDW data. To bridge the gap, a CBI system was proposed, developed and implemented by BRHPC as a viable solution to address this issue, using the System Development Life Cycle methodology.

Results: The CBI system was successfully implemented and yielded a number of positive outcomes. In addition to significantly shortening the time required to analyze the health data for decision-making processes, the solution also provided end-users with the ability to automatically track public health parameters.

Discussion: A large amount of data is collected and stored by various health care organizations at the local, state, and national levels. If utilized properly, such data can go a long way in optimizing health care services. CBI systems provide health care organizations with valuable insights for improving patient care, tracking trends for medical research, and for controlling costs.

Conclusion: The CBI system has been found quite effective in bridging the gap between Florida's healthcare stakeholders and FHDW health data. Consequently, the solution has improved in the planning and coordination of health care services for the state of Florida.

Keywords: Business Intelligence; Clinical Analytics; Data Warehouse; Health Care Planning; Public Health Informatics.

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Background and Significance

The project was conducted at the custodian of the Florida Health Data Warehouse (FHDW), Broward Regional Health Planning Council (BRHPC), incorporated, based in Hollywood,

Florida. BRHPC is a non-profit organization that was established in 1983 under Florida Statute (408.033), as the legislatively designated Broward County local health planning entity. BRHPC provides health and human services at the national, state, and local level through planning, direct services, implementation, evaluation, and organizational capacity building. During the last several years, BRHPC has led statewide collaborative planning activities in partnership with ten other Florida local health-planning councils.

BRHPC has established several databases under the umbrella of their FHDW that provide community members with access to vital health planning and policy making data. Such databases include the Hospital Utilization, Nursing Home Utilization, Florida Prevention Quality Indicators (PQI), and Diagnosis Related Group (DRG) Data Warehouse. The Medical Facilities Utilization Reporting System improves upon a manual reporting system that the state local health planning councils had been administering for over 25 years. This system consists of two databases, the Hospital Utilization and the Nursing Homes. The Hospital Utilization database collects detailed inpatient and emergency department data from hospitals across the state. The Nursing Home Utilization database tracks admissions and patient days by payer source. These data sets are accessible online, thus 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 health care administrators to assess variances in utilization. Hospital and Nursing Home Utilization reporting is required by state statute and is delivered to the Agency for Health Care Administration on a quarterly basis.

The PQI provides county-level data that identifies hospitalizations and emergency department visits that may have been preventable with the utilization of high quality primary and preventive care. Pediatric Quality Indicators/Avoidable Admissions (PDI) provides county level data that identifies pediatric hospitalizations and emergency department visits that may have been preventable with the utilization of high quality primary and preventive care.

The DRG Data Warehouse is a decision support tool for health care providers and planners. It 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 Agency for Health Care Administration (AHCA) hospital inpatient database.

These databases provide health care practitioners, planners, researchers, and policy-makers across the state with valuable community-planning resources to target initiatives, set benchmarks to increase health care access and quality, and identify target areas for quality improve [1].

The overall aim of this project was to evaluate CBI's capability to bridge the gap between BRHPC's data sources and the various end-users who need the data for analysis and, ultimately, for making informed decisions.

Materials and Methods

CBI is a powerful set of tools that has the potential to assist in the planning and coordination of the health care services. The project was designed to reflect the System Development Life Cycle (SDLC) development methodology, which consists of five stages: planning, analysis, detailed system design, implementation, and support. The SDLC describes activities and functions that all systems developers perform, regardless of which approach they use [2].

As part of the planning stage of the SDLC development methodology, BRHPC permitted the assessment of the existing informatics set-up of the FHDW, so that a thorough gap analysis could be performed. The analysis yielded major drawbacks in the initial set-up of BRHPC's informatics solution. The database infrastructure (systems and connectivity) prevented the high utilization of the large amount of health care data available for analysis and use. Figure 1 illustrates the gap in data utilization between the FHDW and the state's public health service decision makers, health care planners, hospitals, and the public at large.

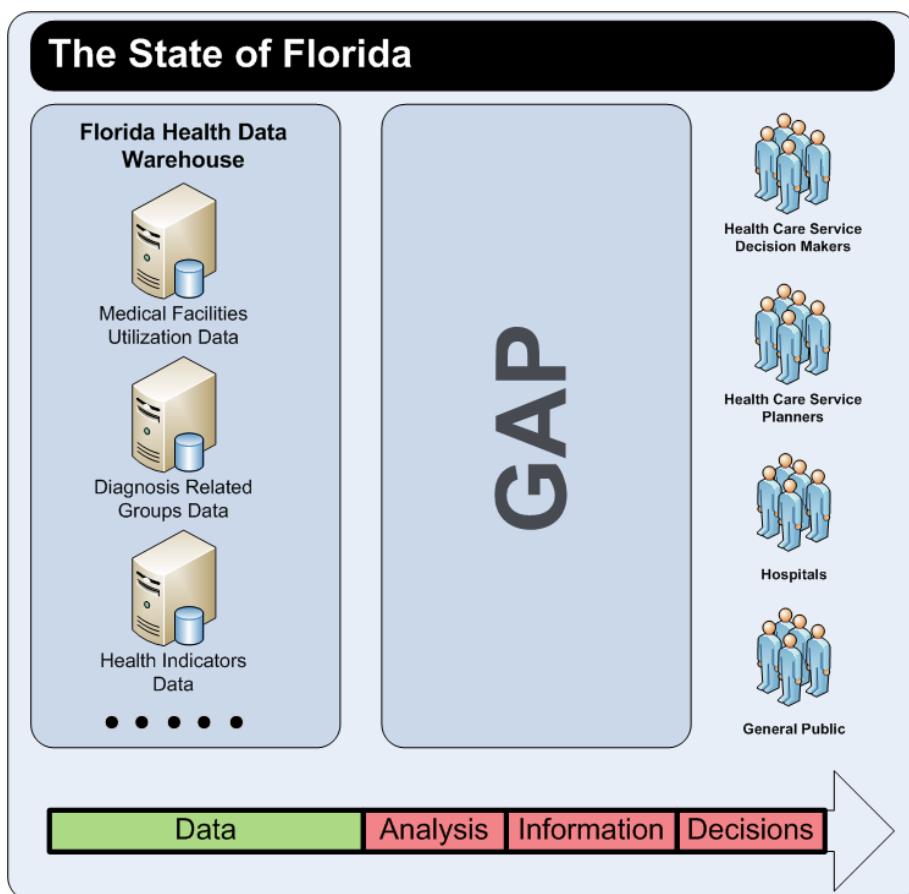


Figure 1: Health care data utilization gap between the FHDW and relevant stakeholders

The state's decisions makers, health care planners, hospitals, and other groups have limited access to the data because of technical and practical barriers. These groups require the data to be analyzed and converted to information in order to be suitable for the decision making process. Conducting the data analysis offline whenever a decision is needed, or as part of normal supervision, requires technical resources that may not be available for many user groups. In addition, the offline analysis is inefficient because it is typically lengthy, time consuming, and has to be repeated every time the data source is updated. This method also adds a technical layer between the data and the user groups, which in turn increases the complexity of the data utilization process.

CBI systems have the ability to bridge the gap between the data and the users. CBI may be defined as a set of mathematical models and analysis methodologies that exploit the available data to generate information and knowledge useful for complex decisions-making process

[3].The main components of any typical CBI system include Extraction, Transformation and Loading (ETL); the data warehouse that consists of Unified Dimensional Models (UDMs) and multidimensional data marts; and the analytical tools. This set of components was used in this project to overcome the said issues.

The ETL component was used to retrieve the data from the existing heterogeneous data sources, transform the structure of the data to suit data analysis and data mining, and archive the data in the data warehouse in a multidimensional format. The execution of this process was configured in a manner to ensure the tight synchronization between the data warehouse and the data sources.

The data warehouse was configured to host four developed UDMs: 1) the hospital utilization, 2) the nursing homes, 3) the DRG, and 4) the health indicators. Each UDM was developed with sets of dimensions and measures to reflect its source. The data warehouse also included the data in the sources, but in multidimensional format. This format is very powerful for data analysis, and it is widely used for analyzing large amount of data [4].

The analytical tools used in this project provided access to the information and knowledge generated by the CBI system as a whole. These tools are generally what end-users interact with as part of the CBI system. The dashboard tool is one of the major tools of CBI systems. It consists of screens that show sets of data analysis widgets. Figure 2 show a dashboard of FHDWCBI system.

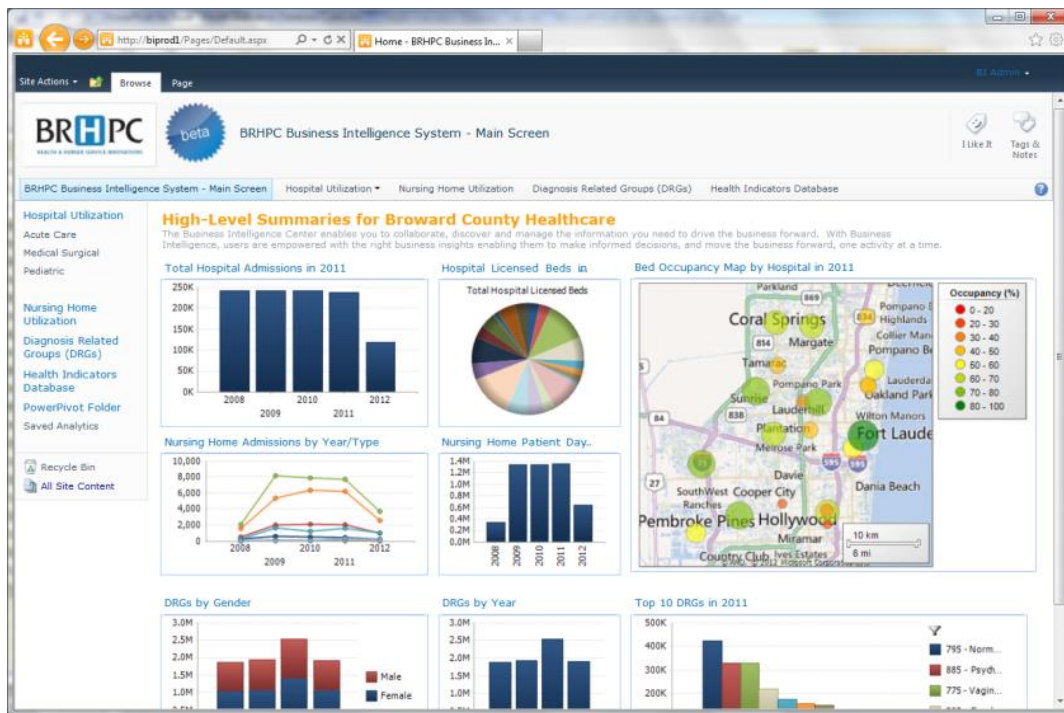


Figure 2: High-level summary dashboard of the BRHPC CBI System

There are also other tools that have been implemented in the FHDW's CBI system, including analytical reports and UDM access utilities. These tools allow end-users access to the UDMs and the multidimensional database for easy data analysis, without the need for technical skills. The data analysis can be done interactively and can be saved on the system for future retrieval. This is a major advantage as it gives end-users the ability to analyze data directly.

Upon the approval of the planning stage proposal, a project plan covering all the other stages of the SDLC (analysis, detailed system design, implementation, and support) was developed. The complete project plan consisted of three main parts: 1) project preparation; 2) system development and implementation; and 3) project finalization. In order to simplify the project management and enable task dependences, the three parts were divided into ten phases.

The initial phase of the project plan started with the analysis stage of the SDLC methodology. The purpose of the system analysis phase is to build a logical model of the new system [2]. Meetings were held with different end-users in order to collect the site's requirements for the CBI system. In addition, various analytical reports, statistics were studied, access to the existing databases was obtained and analysis conducted in order to compile a clear understanding about the site's needs. After the data collection process was completed, an analysis was done using the collected data and the results were incorporated into a demo system. The demo system had most of the capabilities that were needed to fulfill the end-user requirements, and the system was built based on more than 30 percent of the data that existed at the FHDW. The analysis phase also involved the allocation of all of the needed resources for the CBI system development and implementation, including the acquisition of the back-end and front-end hardware and software. Moreover, the phase involved finalizing the site agreement that was necessary for formalizing the project between Nova Southeastern University (NSU) and BRHPC.

Once the analysis stage was completed, the system design, development, and implementation stages were initiated. The three stages were implemented for each phase of the project. Phase 1, the infrastructure implementation, involves the installation and configuration of the CBI system platform. This includes the back-end Operating Systems (OSs), the databases, and the CBI system components, which are the ETL, UDM service, analytical reporting service, and the CBI portal. Phases 2, 3, 4, and 5 are related to the design, development, and implementation of the CBI system components. After Phase 5, which is a comprehensive system testing and enhancement process, Phase 6 was initiated. It consisted of four rounds, each starting with gathering unresolved issues and/or discrepancies as well as enhancing requests from a site's super-user, and implementing them accordingly. This step was critically important because it tremendously improved the system's functionality by removing issues before releasing it to the production environment for end-user use. After the four rounds of system testing and enhancement phase were completed, the system was released into the production environment.

In accordance with the fifth and final stage in the SDLC development methodology, a support plan was created to maintain the uptime and performance of the system. This was accomplished by compiling a complete system documentation—the Technical System Architecture (TSA). The TSA document describes the various components of the new system and the technologies used in the development and implementation [5]. It includes technical diagrams that describe the system design, as well as detailed information about the system servers, applications, services, databases, and user accounts.

It is anticipated that the project will continue to grow in the years to come. As such, the system will eventually need to be scaled out in order to maintain the targeted system performance. The expansion plan will cover the system's two main components, the Microsoft SQL Server and the Microsoft SharePoint. In addition, the BRHPC's Information Technology (IT) team has been prepared to handle the system maintenance and administration activities. A technical training was delivered to the team. The training covered the TSA document and detailed steps for monitoring and maintaining system operation, user accounts, and backups.

Discussion

Vast amount of data is collected and stored by various health care organizations (HCO) throughout the country. This data is often underutilized as HCOs lack the clinical analytics tools necessary to turn the raw data into meaningful information in real time. CBI systems have the potential to offers HCO with valuable insights for improving patient care, tracking trends for medical research, and better controlling costs. In order for this to happen, the components of the CBI system must be designed properly.

The portal component of the CBI system BRHPC is based on Microsoft SharePoint 2010. The application is web-based, which allows end-users to access it from any computer connected to the Internet using standard web browsing applications.

Once valid credentials are provided, the portal will display the main screen. Regardless of the user access level, there are three main zones in all screens of the portal: the top control and navigation zone, the side navigation zone, and the analytics zone, as shown in Figure 3.



Figure 3: Main screen of the BRHPC CBI Portal

The top control and navigation zone includes a menu for navigation through the different dashboards within the system. It also includes links for controlling tags and notes about the dashboards, in addition to allowing the end-user to logout from the system. The side navigation zone also has a menu for navigation through the different dashboards. Additionally, it has a Recycle Bin link that allows restoring of deleted custom analytics by the user. The analytics zone encapsulates dashboards that display the analytical graphs, analytical maps, scorecards, and

analytical reports. In some dashboards, there are tools that allow the end-user to access the UDMs, analyze, and save the result within the system or on the end-user's computer.

The main screen of the CBI 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, if an end-user is interested in viewing the details of a year in the Total Hospital Admissions graph, he or she 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 Decomposition Tree tool. This tool enables the end-user to drill down through the data easily and interactively, as shown in Figure 4.

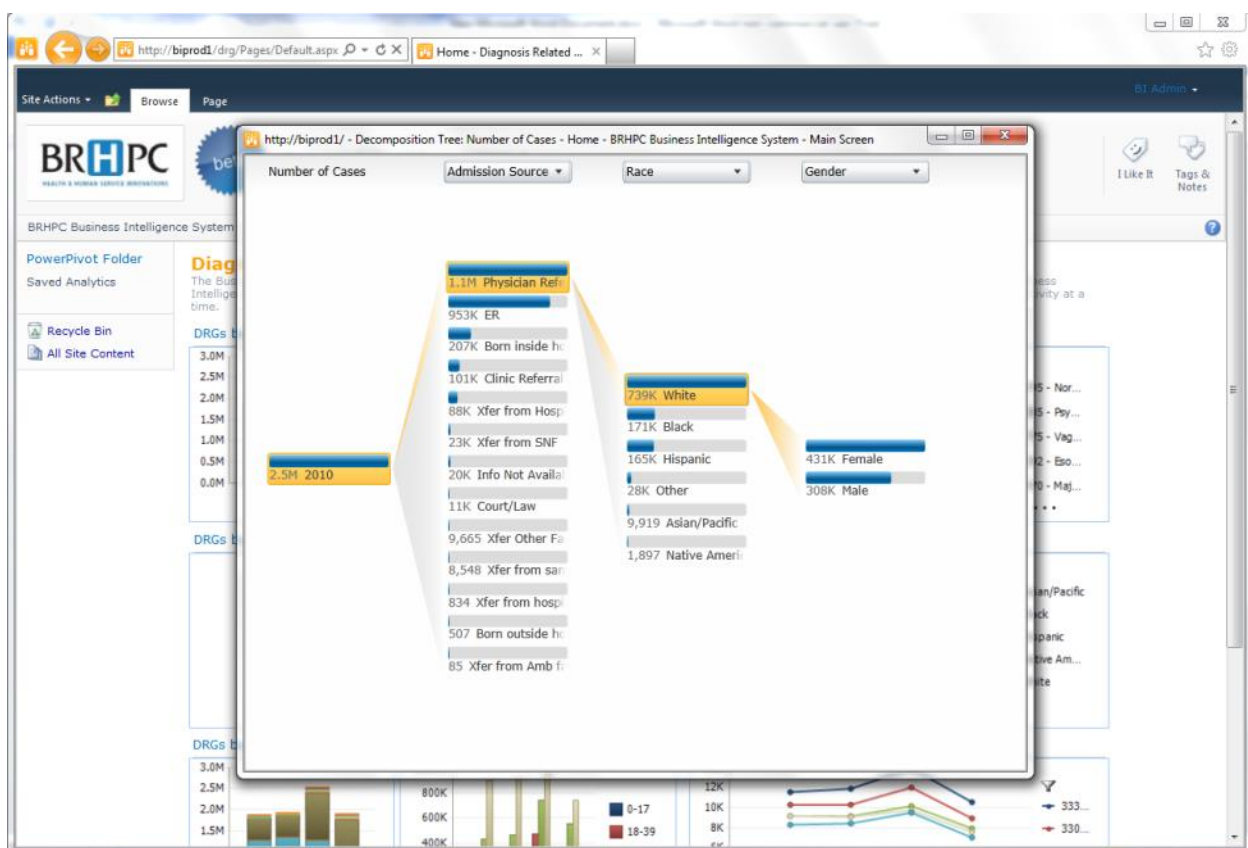


Figure 4: Drilling-down through the health care data

The tool sorts the dimension attributes based on their measure values. Graphical and numerical indicators are also some of the useful tool features, as they indicate the share of each dimension in comparison to the overall measure. A number of the web pages in the CBI portal have a section at the bottom called Data Cubes. This section has a number of tools that can be used to access the UDMs in the CBI system. The first option is PowerPivot, which is a tool that allows the end-user to access UDMs and analyze them in an easy manner. The look and feel of this tool is similar to the popular office software, Microsoft Excel, which shortens the learning curve for the new end-users. Nonetheless, if the layout of the model needs to be modified, the tool allows

end-users that have the necessary permissions to open the model in Microsoft Excel, modify it, and save it to their personal folder.

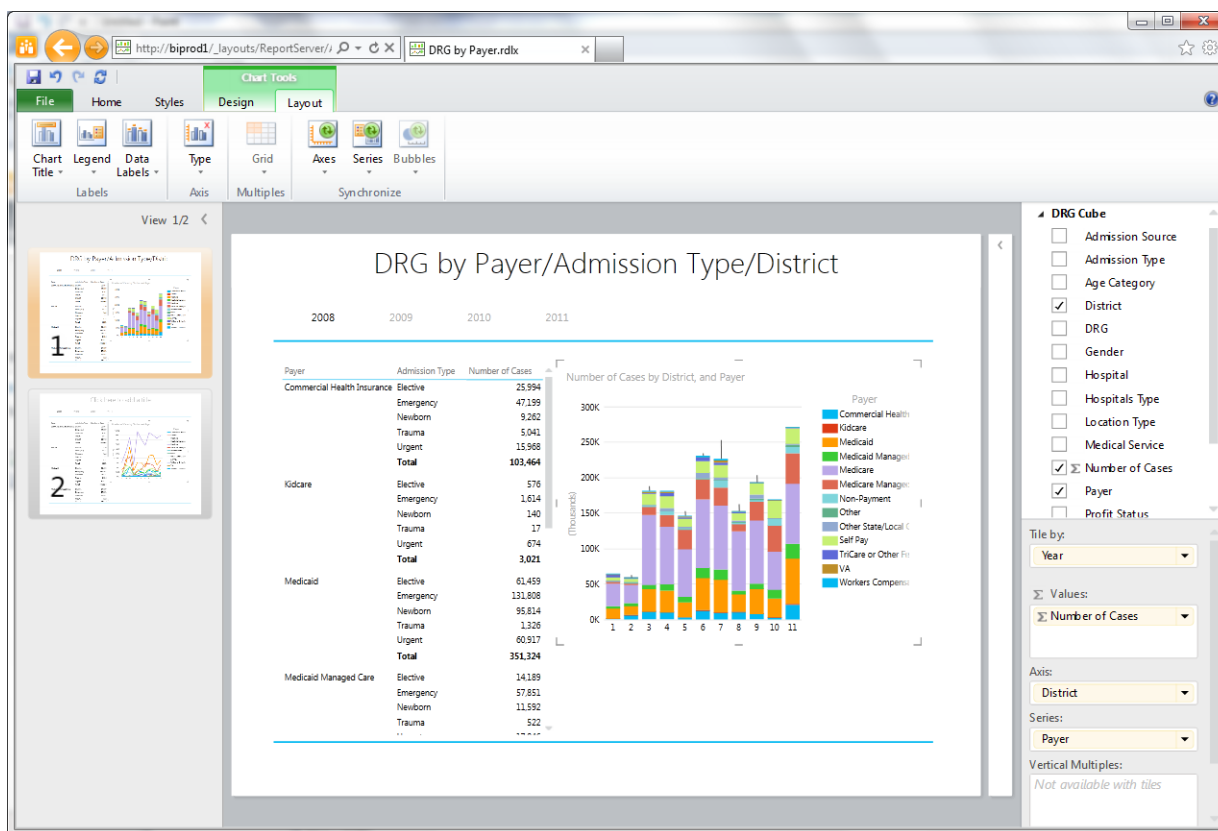


Figure 5: Sample analytical graph

On some modules of the CBI, such as the Hospital Utilization, there is an additional section at the bottom of the screen called Analytical Reports. A number of pre-designed reports can be found in this section. When one of the analytical reports is opened, default parameters are used to run the report. However, the reports allow modifying of certain parameters and re-running the report based on the new parameter configuration. One of the useful features is the ability to print the report or export it in different common formats.

Analytical reports also have a function called data alerts, which is a data driven notification solution that helps the end-user to be informed about the report's data that is of interest or importance at any given relevant moment. By using data alerts, the end-user no longer has to seek out information as it gets automatically delivered based on user specifications. Data alert messages can be sent by email or through short message service (SMS), i.e. text messages. Depending on the importance of the information, the end-user can choose to send messages more or less frequently, and only when results change. The end-user has the option to specify multiple email recipients to keep others informed or to enhance efficiency and collaboration among various stakeholders and participants. The configuration screen of data alerts is shown in Figure 6.

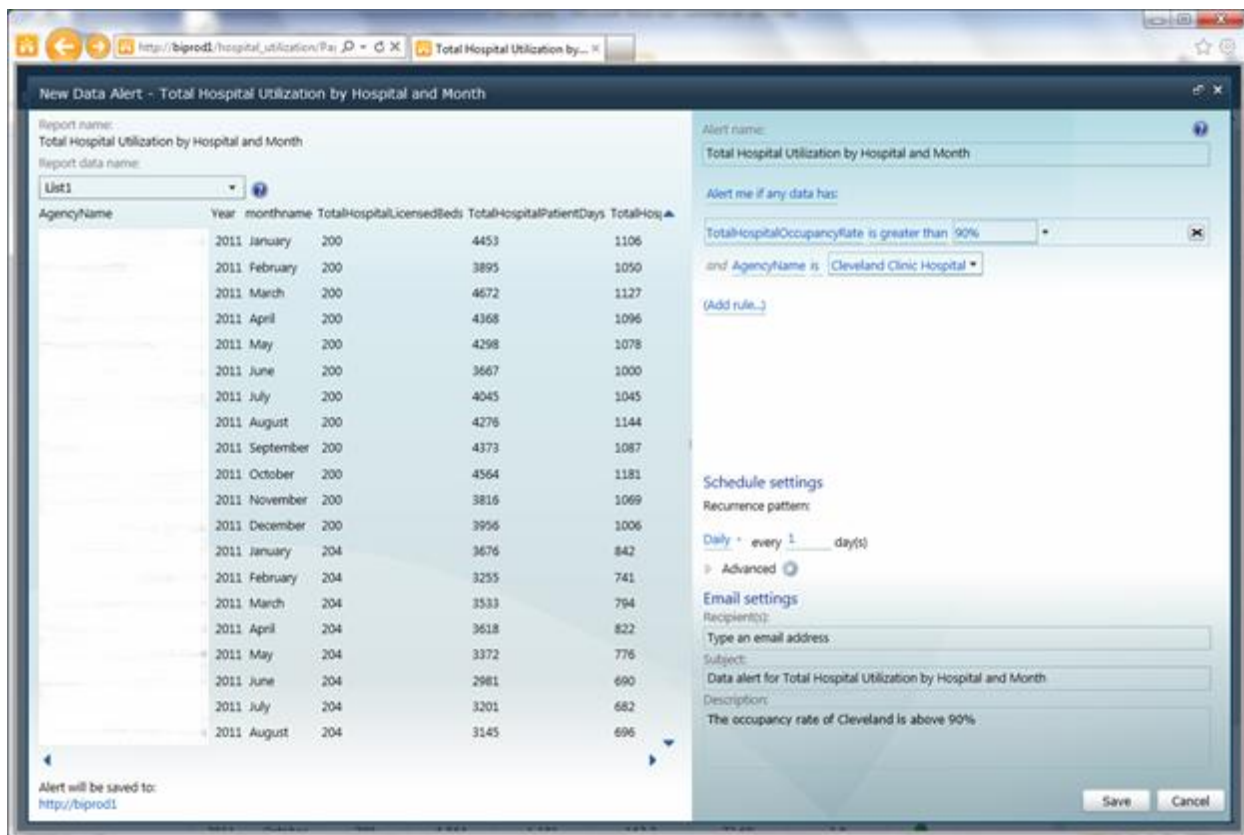


Figure 6: Configuration screen of data alerts

As a data alert owner, the end-user can view information, delete, and edit data alert definitions. An alert has only one owner, the end-user who created it. CBI system administrators can manage data alerts at the site level. They can view lists of alerts by each site user and delete alerts as needed.

Report subscription is another function in analytical reports that allow reports to be emailed to end-users based on schedule. This function is different because it is triggered only by time, not by changes in the data. With report subscription, the end-user can configure the report to be emailed to one or more email addresses. The report can be emailed in different formats, including comma-delimited (CSV), PDF, and TIFF image.

Results

Although the CBI system has just been released to the FHDW environment, it has already yielded a number of outcomes. The system provides much of the information needed to develop county health plans, which typically consists of hundreds of pages and requires months to compile. Unlike the county health plan, the CBI data is up-to-date and can be compiled and formatted in minutes. In addition, 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 needed to analyze the data, or transform it to information, and prepare it for decision making processes. Hospital planners are now able to get the data transformed to information on demand whenever they display one of the CBI portal dashboards. They even have the ability to modify/adjust the information to further fit the situation on hand.

Typically, a number of data analysis professionals were needed to perform such processes and make decisions. The CBI system has helped eliminate this layer, which was not only costly but also time consuming.

In addition to the immediate outcomes just described, there are a number of anticipated advantages to BRHPC specifically, and the state of Florida generally. The advanced data analysis capabilities of the system are expected to improve the coordination and distribution of health care resources across the state. The quality of health service is also expected to be enhanced, as the system provides the ability to automate tracking issues in the delivery of health care services and reporting them to the relevant personnel. The system is also expected to enhance the health care planning for hospitals, health planning agencies and the state. The data mining component of the system has a number of prediction models that can assist in the planning process.

Conclusion

Vast amount of health care data is being collected and maintained nationwide, statewide, and within counties in the United States. However, there is a typical technological gap that exists between the data and users who need access to the data in order plan and coordinate health care services in the area. In the state of Florida, CBI has been developed and implemented in order to bridge the divide, and soon after, the solution yielded a number of positive outcomes. Based on these results, we suggest CBI as a solution for similar situations in other set-ups.

Limitations of the Study

It is important to highlight that the study has not been extended to evaluate the end-users' experience and the skill levels with the implemented solution. Without the end-users' acceptance and familiarity with the system use, the value of the solution can be significantly compromised [6]. Nonetheless, qualitative research methods such as focus groups, interviews and surveys can be used to collect information about the end-users' impressions toward the solution as well as their levels of ability to use the system. The outcomes of such research can determine the overall impact of the system and also assist in customizing it to meet the end-users' needs.

Another limitation was related to the changes of the coding system requirements. The CBI system was built based on standard coding systems such as DRG, the International Classification of Diseases 9th Revision (ICD-9) and the Current Procedural Terminology (CPT). However, starting from October 1, 2014, healthcare providers will be required by the Centers of Medicare and Medicaid (CMS) to submit their claims using ICD-10 [7], which is the newer revision of the coding system that is used by the CBI. This study did not cover how the CBI system will handle the difference in coding between the archived data and the new data that fulfill the new coding requirements.

Acknowledgements

The product of this research work would have not been possible without the help and support from the Broward Regional Health Planning Council and Nova Southeastern University. The authors are grateful for the opportunity provided and assistance received to help make this project a reality.

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Broward Regional Health Planning Council Inc. MIECHV Site Visit Summary Report

Date of Review: August 18th-19th 2014

Contract Model/Number: Nurse Family Partnership: Contract # 13-13

Name and Role of Attendees: Rachel Beach, Nurse Supervisor (NS)
Roselore Lavaud, Nurse Home Visitor (NHV)
Beverlie Mitchell, NHV
Ruth Lopez- Flores, NHV
Judith Gomez, NHV
Nora Galvez, Data Coordinator
Regine Kanzki Division Director Broward Regional Health Planning Council, Inc.

Reviewer Representative: Sara Beth Martin, NSO Nurse Consultant South Carolina
Sara Eldridge, NSO Nurse Consultant Southeast Region
Cynthia Coaxum, Lead Contract Manager MIECHV Initiative 

SCOPE OF REVIEW

Broward Regional Health Planning Council, Inc. is a not-for-profit 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 services innovations and has led several statewide collaborative planning activities. BRHPC's direct service programs serve uninsured and underinsured low-income Broward County residents. Programs administered includes, but are not limited to: Healthy Families Broward, Housing Assistance, Centralized Intake & Eligibility Program, Certified Application Counselors (Navigators), Substance Abuse and Mental Health, and Nurse Family Partnership.

In partnership with the National Service Office (NSO) - Nurse Family Partnership (NFP) team, and the MIECHV state team conducted the annual 2013-2014 site monitoring visit of the Broward Regional Health Planning Council, Inc. (BRHPC) on August 18th-19th, 2014. The purpose of the programmatic site monitoring was as follows: 1) assess program implementation, 2) review BRHPC site policies and procedures; 3) ensure model fidelity is being maintained and discuss reflective supervision and clinical documentation, and 5) to assess the organization's fiscal controls, invoicing and reimbursement processes.

The site visit began with members of the BRHPC NFP team, Nurse Consultants, and MIECHV staff sharing their background, experiences, and roles. Also, the NFP team had an opportunity to share what led them to become involved with NFP/MIECHV Initiative. Utilizing a unique structure to implement

MIECHV services, BRHPC currently subcontracts with two hospitals (Broward and Memorial Health) to serve high need families in Broward County. In addition, a 0.5 FTE (Data Entry) and 0.2 FTE (MIS/IT Support) are also supported by MIECHV funds. After introductions, both the Nursing Consultant (NC) and MIECHV observed a case presentation. *(See Nurse Family Partnership notes for full discussion presented in Team meeting/case conference section).*

FINDINGS AND OBSERVATIONS

In addition to the general successes shared by the NFP team as to what is working well and opportunities, there were numerous other factors that contribute to BRHPC's success with the MIECHV Project. For example, the ability to adapt as MIECHV NFP has evolved and the dedication of nursing supervisor, administrator, and local home visiting staff to MIECHV's and NFP's vision is most extraordinary. The MIECHV state team has been impressed; as well with the adeptness of NFP supervisor and NFP team and the BRHPC's partners in consistently identifying unique partnerships and innovative methods for promoting home visiting among NFP families in Broward. NFP staff remarked that the NFP and MIECHV state's focus on training intermediaries that work with low-income first time mothers and bring home visiting services to where clients already are in the community have allowed the home visiting nurses to maximize their reach and impact. Both teams also felt that their respective staffing allows the staff to take advantage of each staff members' strengths and that the conscientiousness and enthusiasm of NFP staff was critical in navigating the program through sometimes difficult circumstances.

Challenges were also acknowledged by the home visiting staff. The challenges included program implementation and learning the model, tools, and assessments. Furthermore, the staff expressed challenges related to doing outreach, participating in mandatory agency and FL MIECHV required trainings. It was noted by MIECHV staff regarding the clinicians request for advance level trainings and/or webinars or video modules for the home visiting nurses initial education and PIPE. Other challenges identified were the two sub-contracted providers' agencies systems of care. Broward and Memorial Health systems place different demands on the nurses; even though the team has worked through a lot of them, in an ideal world they wished that they were all housed at BRHPC because they feel more support.

After lunch the NSO staff and MIECHV staff met with the agency administrative team. Regine Kanzki, Division Director Broward Regional Health Planning Council, Inc. and Administrator joined to discuss strengths and challenges from an administrative perspective. Some additional successes and challenges included:

- BRHPC's history of collaboration served as a strong point in the implementation plan, as well as the existing Health Care Access Committee that now serves as the NFP Community Advisory Board;
- The client centered nature of the model and flexibility of MIECHV implementation afforded to the implementation agency with the acknowledgement of the local components and constraints has been helpful;
- NS and team utilize ETO reports regularly. Early data show successful outcomes and improvement (e.g. went from 21% to 43% enrollment at 16 weeks in one quarter); and
- Having administrators from both Hospital systems attend administrator orientation.

- Opportunities around shifting “culture” presented some initial challenges, however the support needed to implement this unique program has been worked through, beginning with conversation about a streamlined consent form, charting and documentation and where charts are kept.

Both teams acknowledged that the staff utilized well the strengths of the organization, as well as the home visiting staff and developed extensive goals and strategies in supporting MIECHV-NFP overall mission. In addition, the reviewers congratulated the teams for their early successes and devotion to implementing the model with fidelity.

AGENCY UPDATES

| Broward Regional Health Planning Council (October 1, 2013-July 31, 2014) | | | | | | |
|--|--------------------------------------|---|--|--|--------------------------|--------------------------------------|
| Current Enrollment | | | Total # Families Successfully Completed Program (Apr 13-June 14) | Total # Families Served (Apr 13-June 14) | Home Visits | |
| # Families Currently Receiving Services (As of 7/31) | # Families Newly Enrolled this Month | # Families Continuing Service from Last Month | | | # Home Visits this Month | Total # Home Visits (Apr 13-June 14) |
| 55 | 10 | 44 | 0 | 62 | 96 | 316 |

| Budget Client Capacity | Current Client Capacity | Current Census | Percent of Current Capacity Enrolled | # NHV FTEs | # NHVs |
|------------------------|-------------------------|----------------|--------------------------------------|------------|---|
| 100 | 100 | 55 | 55% | 4.0 | Ruth Lopez Flores- 12 Judith Gomez-11 Roselore Lavaud-14 Beverlie Mitchell-13 (Rachel-2) 4 |

CQI/DATA

Programmatically, BRHPC and their MIECHV NFP program have served as a model for innovative and comprehensive approaches to promoting outreach education to enroll first time mothers into MIECHV NFP services. Reviewers were notably impressed with the staff’s commitment to improving health among disadvantaged populations, as well as their expertise in seeking ways to leverage local resources and identifying unique partnership opportunities. Locally, it is determined that BRHPC staff are proficient at engaging low-income audiences, utilizing an array of interactive educational strategies and assessments to evaluate the agency’s performance and proficiency (*See Nurse Family Partnership attachment of BRHPC 2013/2014 Balance Scorecard*).

Ongoing evaluation procedures are in place to varying extents at all BRHPC projects reviewed. From a data collection/entry perspective it was recognized that ETO presents less challenges, FLOHVIS and NFP ETO are slowing talking to each other. The team continues to work through improving the referral process and is in the model of a CQI measure looking at improving referrals specifically from one point

of entry (Pembroke Clinic). (See Nurse Family Partnership notes on other successful CQI processes around policies and procedures, retention and father engagement).

FISCAL REVIEW METHODOLOGY/QUARTERLY DELIVERABLES

Broward Regional Health Planning Council, Inc. MIECHV fiscal review entailed two reviews, a desk reviews and an onsite review. The financial portion of the reviews consisted of an assessment of fiscal systems at the administrative office. MIECHV staff examined fiscal documentation for the sample time frame of randomly selected 2013 fiscal quarters to verify allowability of costs, appropriate cost allocation, tracking, invoicing and documentation, timely invoicing and reimbursement processes, and adequacy of fiscal oversight. Documentation reviewed included:

- MIECHV targeting data
- Progress and final reports
- Evaluation tools and data
- Revenues and Expenditures Report
- Cost allocation and pro-ration calculations
- Invoices/Deliverables
- Independent Financial Statements Audit
- Payroll/Benefits Percentage Allocations
- Staff time and effort reports

Findings showed that BRHPC contract # 13-13 expenditure reports and deliverables were submitted in a timely manner and the expenditure reports were consistent with the provider's approved budget. Properly completed quarterly invoices were signed by the authorized representative and were submitted by the provider within the timeframes specified in the contract. Review of their independent audit also reflected that the auditors did not identify any deficiencies on the in internal controls tested.

It is projected that MIECHV staff will have Year 1 carry forward funds. The proposed budget for Year 1 carryover funds and Year 2 budget and budget justification will be due 60 days after execution of contract amendment # 1.

SUMMARY

Programmatically, MIECHV is pleased to find that BRHPC operates a comprehensive data driven organization. Reviewers were impressed with passion exhibited by the home visiting staff and leadership team in their endeavors to improve outcomes among first-time mothers, the breadth of education services provided, and BRHPC consistent ability to identify unconventional community partnership opportunities. The quality of BRHPC- NFP multipronged outreach activities collectively serve as a model of superior programming implementation of MIECHV services within Broward County. MIECHV would like to acknowledge the notable progress seen in Broward Regional Health Planning Council implementation year and hope to see such noteworthy progress continue.

Lastly, we would like to express our sincere appreciation to the home visiting staff and administrative team for their hospitality and invaluable support throughout the review period and MIECHV's overarching mission. Thus, MIECHV state staff finds BRHPC is in compliance with the terms and conditions as outlined in the 2013/2014 contract # 13-13. The following recommendations and required actions are also being provided to help strengthen and improve programmatic implementation.

REQURIED ACTION

- Prepare a revised budget and justification for Year 2, which should include Year 1 carry forward balance. The proposed budget for Year 1 carryover funds and Year 2 will be due 60 days after execution of contract amendment # 1.
- Update the Quality Assurance/Quality Improvement Plan to reflect CQI process.
- Provide a copy of the updated CQI/QA/QI Plan to MIECHV state team along with the 1st quarter 2014/2015 quarterly deliverable.

RECOMMENDATIONS

Based on findings from this review, the following actions are recommended as potential approaches to enhance existing MIECHV program quality and infrastructure:

- Explore procedures for improving resource sharing between sub-contracted providers with regard to system and program best practices, current activities, and opportunities for cross-unit/programs collaborations;
- Continue to explore innovative strategies to manage first time mothers with chronic health issues;
- Continue to work with local sub-contracted partners to strengthen the systems and provide continuous support to home visiting team; and
- Continue recruiting partner organizations and establishing consistency and fostering collaboration among NFP implementing agencies.

Broward Regional Health Planning Council

BRHPC

HEALTH & HUMAN SERVICE INNOVATIONS

www.BRHPC.org

2011-2013

Bi-Annual Service Review



Lead Entity:

*Broward Regional Health
Planning Council, Inc.*

Period: July 1, 2011 – June 30, 2013

Presented by:

*Regine Kanzki, MPH
Division Director*

*Laurie Colon, MSW
Assistant Program Manager*



EXHIBIT 3
15-0693

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1. ACCESSING THE TARGET POPULATION

INTRODUCTION

Since 1999, Healthy Families Broward has been serving targeted zip codes in Broward County. A collaborative model is utilized in the delivery of Healthy Families services in Broward County. As the lead agency, Broward Regional Health Planning Council offers Healthy Families services through three home visiting teams of Family Support Workers and subcontracts with Memorial Healthcare System, Kids In Distress, and Healthy Mothers Healthy Babies as satellite sites where each site carries one team of Family Support Workers.

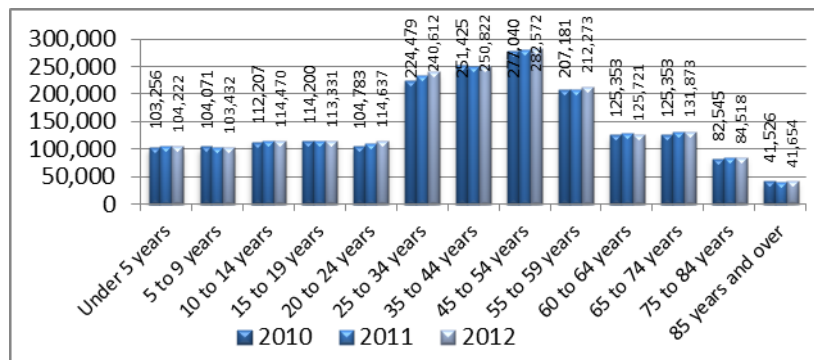
In an effort to continue to improve the services and appropriately serve the families participating in Healthy Families Broward (HFB), a service summary is completed on an annual basis. HFB Supervisors, Assistant Program Manager and Program Manager collect, track and analyze data throughout the year in order to complete the bi-annual service summary. The summary includes an in depth review of the program’s cultural competence, program acceptance rate, retention/attrition rate, and personnel turnover. The report must be reviewed and approved by Healthy Families Florida. After approval from Healthy Families Florida is received, the finalized report is presented to staff, the HFB Management Team, and the HFB Advisory Committee.

1.A BROWARD COUNTY PROFILE

Broward County is the nation’s sixteenth largest county and continues to grow in racial and ethnic diversity. Broward’s diversity elevated the County from the sixteenth (1990) to the third (2009) most racially diverse Florida County. The Regional Profile provides demographic and socioeconomic factors influencing health status and impacting availability of health resources, which results in increased utilization rates and decreased availability healthcare financing.

As illustrated in Figure 1, the 35 to 44 and 45 to 54 age groups represent the two largest age groups in Broward. For the period of 2010 to 2012, the greatest population increases occurred in the 25 to 34 year old age group. Specifically, the 55 to 64 year old category experienced a 21,110 person increase. The greatest decreases in population were for persons 15 to 19 years old and 35 to 44 years old; these age groups decreased by 869 and 603, respectively.

Figure 1. Broward Population Comparison by Age Group, 2010-2012



Source: U.S. Bureau of the Census, 2010 Census, American Community Survey, 2011, 2012

RACE/ETHNICITY

Broward County's racial and ethnic diversity is rapidly increasing. Broward's diversity elevated from the sixteenth (1990) to the third (2009) most racially diverse Florida County. Using a Census Bureau diversity formula, the Broward County Department of Urban Planning and Redevelopment reported Broward as more racially diverse than Miami-Dade County in 2008. Broward ranks third in its diversity score, with only Hendry and Orange Counties ahead of Broward. In addition, Broward ranks thirteenth in diversity score when compared to other U.S. Metropolitan Statistical Areas (MSAs). Broward's Hispanic population is growing at a faster rate than Black non-Hispanics. The County's Hispanic population continues to grow more diverse, as new residents from Puerto Rico, Columbia, Nicaragua, Mexico, Dominican Republic, Peru, Honduras and Venezuela established communities in the region (each with more than 30,000 residents). According to 2010 US Census estimates, Broward is home to 438,247 Hispanics, comprising 25.1 percent of the Broward population.

The percentage of Broward and Florida populations by race and ethnicity is depicted in Table 1 and Table 2. In 2010 and 2012, Broward had a higher percentage of minorities than Florida, further illustrating the diversity in the County. The Tables also illustrates that "White" represents the largest proportion of the population, followed by "Black/African American."

Table 1. Population By Race, 2010

| | Broward | | Florida | |
|---|------------------|-------------|-------------------|-------------|
| | # | % | # | % |
| Reported One Race | 1,697,215 | 97.1% | 18,328,733 | 97.49% |
| White | 1,102,231 | 64.94% | 14,328,733 | 78.18% |
| Black/African American | 467,519 | 27.55% | 2,999,862 | 16.37% |
| American Indian & Alaska Native | 5,065 | 0.10% | 71,458 | 0.39% |
| Asian | 56,765 | 5.15% | 454,821 | 2.48% |
| Native Hawaiian & Other Pacific Islander | 911 | 0.10% | 12,286 | 0.07% |
| Other Race | 64,694 | 5.87% | 681,144 | 3.72% |
| Two or more races | 50,851 | 4.61% | 472,577 | 2.51% |
| TOTAL | 1,748,066 | 100% | 18,801,310 | 100% |

Source: U.S. Census Bureau, 2010 Census

Table 2. Population By Race, 2012

| | Broward | | Florida | |
|---|------------------|-------------|-------------------|-------------|
| | # | % | # | % |
| Reported One Race | 1,762,867 | 97.1 | 18,858,808 | 97.6 |
| White | 1,141,073 | 62.9 | 14,742,516 | 76.3 |
| Black/African American | 494,269 | 27.2 | 3,105,799 | 16.1 |
| American Indian & Alaska Native | 3,631 | 0.2 | 51,471 | 0.3 |
| Asian | 60,120 | 3.3 | 488,052 | 2.5 |
| Native Hawaiian & Other Pacific Islander | 1,006 | 0.1 | 11,609 | 0.1 |
| Other Race | 62,768 | 3.5 | 459,361 | 2.4 |
| Two or more races | 52,270 | 2.9 | 458,760 | 2.4 |
| TOTAL | 1,815,137 | 100% | 19,317,568 | 100% |

Source: American Community Survey, 2012

Table 3 and Table 4 illustrate the ethnic diversity of Broward, showing a quarter of the population is Hispanic.

| | Total | Subtotal | % of Total |
|-----------------------------------|--------------|-----------------|-------------------|
| Hispanic/Latino (any race) | 438,247 | | 25.1% |
| Mexican | | 29,917 | 1.7% |
| Puerto Rican | | 75,840 | 4.3% |
| Cuban | | 83,713 | 4.8% |
| Other Hispanic/Latino | | 248,777 | 14.2% |
| Not Hispanic or Latino | 1,309,819 | | 74.9% |
| White Alone | | 760,817 | 43.5% |

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

| | Total | Subtotal | % of Total |
|-----------------------------------|--------------|-----------------|-------------------|
| Hispanic/Latino (any race) | 480,524 | | 26.8% |
| Mexican | | 32,528 | 1.8% |
| Puerto Rican | | 77,896 | 4.3% |
| Cuban | | 93,821 | 5.2% |
| Other Hispanic/Latino | | 276,279 | 15.2% |
| Not Hispanic or Latino | 1,334,613 | | 73.5% |
| White Alone | | 755,005 | 41.6% |

Source: American Community Survey, 2011

IMMIGRATION

According to 2010 US Census data, 31.9 percent (558,399) of Broward County’s residents are foreign-born, an increase compared to 2009 (539,982); in 2012, the number of foreign born residents went up to 574,471. More than seven of every ten new residents in the last decade emigrated from another country. Latin America and the Caribbean continue to be the primary sources of international migration into South Florida, although there is growing diversity due to recent immigrants from Europe and Asia. The 2010 Census estimates that 80,454 residents of Broward were originally born in Haiti. Broward has experienced a 2,466% growth in the Haitian-born population from 1980 to 2012. Haitian community leaders in Broward report the actual number of Haitians residing in Broward is actually closer to 100,000, due to many Haitians having undocumented immigration status. Haitians comprise 4.6 percent of Broward’s population.

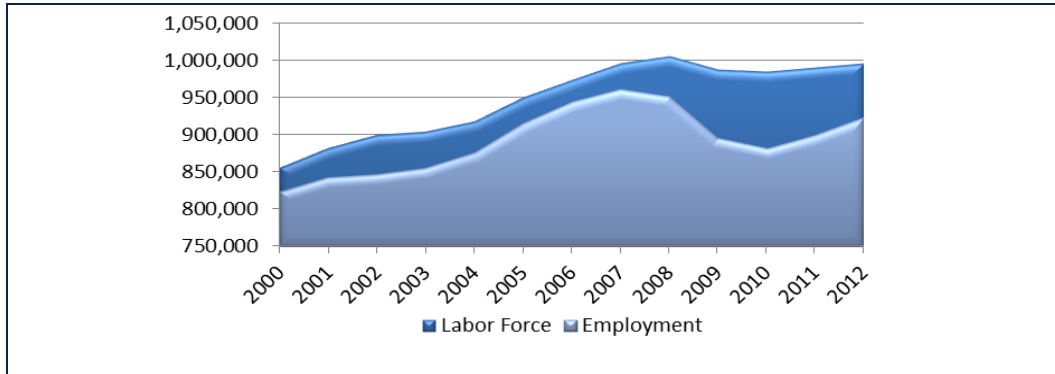
MIGRATION

Broward is impacted uniquely by migration of people from other countries. As discussed earlier, the 2010 Census documents foreign-born residents comprise 31.9 percent of Broward’s population. Since 1991, South Florida’s immigrant community has grown so substantially that Broward is a “minority-majority” county. Broward is among 22 large U.S. counties where Hispanic and Black residents outnumber White non-Hispanics. International migration is the most significant source of population growth in the South Florida region, accounting for more than seven out of every ten new residents in the last decade.

EMPLOYMENT

Figure 2 outlines the size of Broward’s labor force over time compared with the number of people employed. As the figure illustrates, the labor force exceeds employment consistently over time. In 2012, there was an increase in employment, with growth at approximately 2% from the previous year.

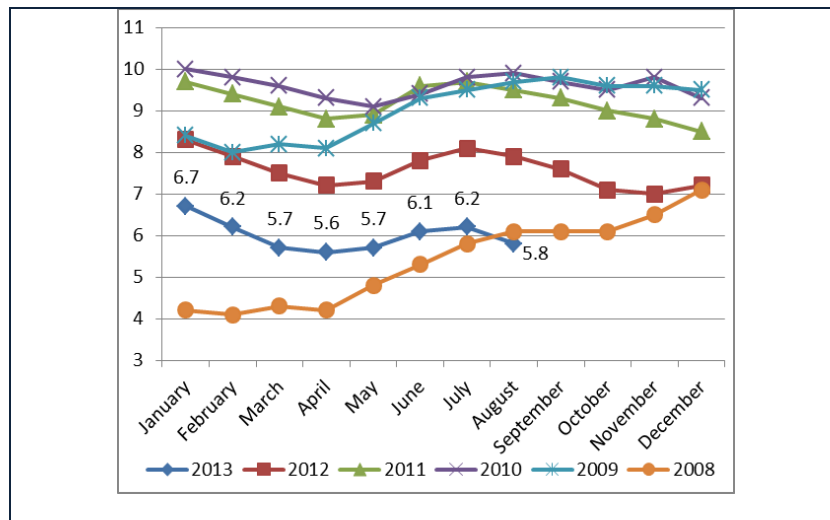
Figure 2. Broward Labor Force and Unemployment, 2000-2012



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

Since late 2007, unemployment has become a national concern, with millions of Americans suffering the consequences of the growing unemployment rate. Broward has been significantly impacted by unemployment (9.2% in December 2011). However, the 5.8% unemployment rate in 2013 indicates an improvement in the economy. Figure 3 illustrates Broward County’s unemployment rate by year. As depicted in the figure, the unemployment rate in 2013 (5.8%) exceeds previous years (2008: 5.3%), but is a decrease from 2010, reflecting the changing economic environment. The total civilian labor force in Broward County for 2012 was 995,367 of which 923,286 were employed and 87,568 were unemployed (Table 5), representing an unemployment rate of 7.8 percent.

Figure 3. Broward Monthly Unemployment Rate*(%) 2008 - 2013



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

| Table 5. Broward Labor Force, Employment & Unemployment, 2002-2012 | | | | | | |
|---|-------------|------------|------------|--------|--------------|-------|
| Year | Labor Force | Employment | Job Growth | | Unemployment | |
| | | | # | % | # | % |
| 2002 | 899,193 | 846,696 | 4,070 | 0.48% | 52,497 | 5.8% |
| 2003 | 904,653 | 855,939 | 9,243 | 1.09% | 48,714 | 5.4% |
| 2004 | 917,754 | 875,999 | 20,060 | 2.34% | 41,755 | 4.5% |
| 2005 | 949,838 | 915,444 | 39,445 | 4.50% | 34,394 | 3.6% |
| 2006 | 973,548 | 943,655 | 28,211 | 3.08% | 29,893 | 3.1% |
| 2007 | 995,395 | 960,976 | 17,321 | 1.84% | 34,419 | 3.5% |
| 2008 | 1,005,310 | 951,529 | -9,447 | -0.98% | 53,781 | 5.3% |
| 2009 | 987,426 | 896,410 | -55,119 | -5.79% | 91,016 | 9.2% |
| 2010 | 984,546 | 881,778 | -14,632 | -1.63% | 102,768 | 10.4% |
| 2011 | 990,714 | 899,614 | 17,836 | 2.02% | 91,103 | 9.2% |
| 2012 | 995,367 | 923,286 | 23,672 | 2.6% | 87,568 | 7.80% |

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

Table 6 displays Broward employment by industry from 2010 to 2012. For all three years, the industry category with the greatest percentage of workers was educational, health and social services (21.1% in 2012).

Table 6. 2010-2012 Broward Employment By Industry

| | 2010 | | 2011 | | 2012 | |
|--|---------|-------|---------|-------|---------|-------|
| Agriculture, forestry, fishing, hunting & mining | 4,298 | 0.5% | 910 | 0.1% | 2,550 | 0.3% |
| Construction | 49,957 | 6.0% | 49,227 | 5.8% | 53,460 | 6.1% |
| Manufacturing | 40,905 | 4.9% | 41,052 | 4.8% | 41,241 | 4.7% |
| Wholesale Trade | 31,052 | 3.8% | 31,956 | 3.8% | 32,021 | 3.7% |
| Retail Trade | 112,360 | 13.6% | 114,561 | 13.5% | 121,212 | 13.9% |
| Transportation, Warehousing & Utilities | 46,568 | 5.6% | 37,737 | 4.5% | 47,622 | 5.5% |
| Information | 17,711 | 2.1% | 20,916 | 2.5% | 18,707 | 2.1% |
| Finance, Insurance, Real Estate (rental & leasing) | 67,144 | 8.1% | 68,615 | 8.1% | 71,844 | 8.3% |
| Professional, scientific, management, administrative & waste management services | 108,344 | 13.1% | 116,511 | 13.7% | 119,977 | 13.8% |
| Educational, health and social services | 171,463 | 20.7% | 186,621 | 22.0% | 183,543 | 21.1% |
| Arts, entertainment, recreation, accommodation & food services | 86,607 | 10.5% | 92,515 | 10.9% | 91,486 | 10.5% |
| Other services | 52,591 | 6.4% | 50,407 | 5.9% | 47,921 | 5.5% |
| Public administration | 37,452 | 4.5% | 36,890 | 4.4% | 38,519 | 4.4% |

Source: U.S. Census Bureau, American Community Survey (2009,2010,2011)

POVERTY

Nearly 15 percent of Broward's residents live in poverty. More than 19 percent of people under the age of 18 are living in poverty. Of those families with children under the age of 18, 20.1 percent were reported at or below the Federal Poverty Level (FPL). The percentage of people in Broward living below the poverty line from 2010 to 2012 is depicted in Table 7.

Table 7. % Whose Income* is Below Poverty Level, 2010 - 2012

| | 2010 | 2011 | 2012 |
|--|-------|-------|-------|
| All families | 11.4% | 11.1% | 11.7% |
| With related children under 18 years | 15.6% | 16.2% | 16.5% |
| With related children under 5 years only | 14.7% | 15.0% | 15.2% |
| Married couple families | 6.7% | 6.1% | 7.5% |

| | | | |
|--|-------|-------|-------|
| With related children under 18 years | 7.7% | 8.5% | 9.8% |
| With related children under 5 years only | 6.1% | 6.0% | 8.4% |
| Families with female householder, no husband present | 24.8% | 23.5% | 21.6% |
| With related children under 18 years | 31.9% | 31.3% | 28.6% |
| With related children under 5 years only | 32.1% | 34.3% | 29.1% |
| All people | 14.6% | 14.8% | 15.1% |
| Under 18 years | 19.7% | 20.4% | 21.0% |
| Related children under 18 years | 19.3% | 20.1% | 20.7% |
| Related children under 5 years | 21.2% | 23.1% | 24.3% |
| Related children 5 to 17 years | 18.6% | 19.0% | 19.4% |
| 18 years and over | 13.2% | 13.3% | 13.5% |
| 18 to 64 years | 13.4% | 13.6% | 13.4% |
| 65 years and over | 12.1% | 11.8% | 13.7% |
| People in families | 12.3% | 12.4% | 13.0% |
| Unrelated individuals 15 years and over | 23.5% | 23.9% | 22.9% |

Source: U.S. Census Bureau 2010 Census, American Community Survey 2011, 2012

*Income in the past 12 months

The challenges poverty imposes on individuals and families are numerous. Of particular concern are individuals who avoid or delay seeking healthcare due to their impoverished status. The 2011 CCB Quality of Life Survey results show 7.1 percent of Broward residents reported cost prevented a child's doctor visit in the past year, with 14.7 percent of residents reported not obtaining a needed prescribed medication in the past year due to cost.

HEALTHY FAMILIES BROWARD TARGET ZIP CODES

The target population of Healthy Families Broward (HFB) is pregnant women or women who have given birth (within 3 months) and who live in the 9 targeted zip codes (33020, 33023, 33024, 33009, 33004, 33060, 33069, 33311, and 33313) served by Healthy Families Broward.

- Broward County has a total population of 1,748,066 (Source: 2010 US Census).
- There are 353,130 women of child bearing age (ages 15-44) (Source: 2010 US Census).
- There were 21,342 live births in 2010 (Source: Florida Charts).
- The number of births to single women in 2010 was 9,494 (Source: Florida Charts)

The following section presents more complete demographics for each of the zip codes served by HFB (source: www.zipskinny.com)

Zip Code 33004

Social Indicators

Educational Achievement:

(among people 25 years or older)

| | |
|---------------------------|-------|
| Less than 9th grade: | 7.9% |
| 9th-12th grade (nongrad): | 15.2% |
| High school graduate: | 28.9% |
| Some college: | 21.1% |
| Associate degree: | 6.6% |
| Bachelors degree: | 14.5% |
| Graduate/Professional: | 5.6% |

High school or higher: 76.9%

Bachelors or higher: 20.2%

Green = Above U.S. Avg Red = Below U.S. Avg

Red bkg. = Above U.S. Avg Green bkg. = Below U.S. Avg

Marital Status:

(among people 15 years or older)

| | |
|----------------------------|--------------|
| Never married: | 31.1% |
| Married: | 41.2% |
| Separated: | 3.4% |
| Widowed: | 8.7% |
| Divorced: | 15.6% |
| Stability/Newcomer Appeal: | |
| Same home 5+ years: | 46.9% |

Social and economic indicators based on 2000 Census sample data.

Economic Indicators

Household Income

| | |
|---------------------|-------|
| <\$10,000 | 13.5% |
| \$10,000-\$14,999 | 7.2% |
| \$15,000-\$24,999 | 16.9% |
| \$25,000-\$34,999 | 13.4% |
| \$35,000-\$49,999 | 17.6% |
| \$50,000-\$74,999 | 14.2% |
| \$75,000-\$99,999 | 9.1% |
| \$100,000-\$149,999 | 4.8% |
| \$150,000-\$199,999 | 2.4% |
| \$200,000+ | 1.1% |

Occupation

(among employed persons over 16)

| | |
|--------------------------------|-------|
| Mgt./Professional | 29.1% |
| Service | 21.1% |
| Sales/Office | 28.8% |
| Farm/Fishing/Forestry | 0.1% |
| Construction/Extraction/Maint. | 10.4% |
| Production/Transportation | 10.5% |
| Unemployment/Poverty | |
| Unemployed | 4.1% |
| Below Poverty Line | 19.4% |

Median Household Income: \$33,850

Demographics

Race

| | |
|--|-------|
| Hispanic/Latino: | 10.5% |
| White*: | 57.7% |
| Black*: | 29% |
| Native American*: | 0% |
| Asian*: | 1% |
| Hawaiian/Pacific Islander*: | 0% |
| Other*: | 0.2% |
| Multiracial*: | 1.3% |
| * Does not include individuals in this racial group who identify as Hispanic/Latino. | |

Age

| | Male | Female | Both |
|---------------------|------------------|--------------------|------------------|
| | % of Males | % of Females | % of All |
| 0-9 years: | 11% | 10.8% | 10.9% |
| 10-19 years: | 10.2% | 10.1% | 10.2% |
| 20-29 years: | 13.2% | 12.3% | 12.7% |
| 30-39 years: | 16.5% | 14.7% | 15.6% |
| 40-49 years: | 15.9% | 16% | 16% |
| 50-59 years: | 13% | 11.5% | 12.2% |
| 60-69 years: | 9.7% | 9.3% | 9.5% |
| 70-79 years: | 7.1% | 9% | 8.1% |
| 80+ years: | 3.4% | 6.5% | 5% |
| All Ages: | Male: 49% | Female: 51% | 40.4 yrs. |
| Median Ages: | 39.5 yrs. | | |

Zip Code 33009

Social Indicators

Educational Achievement

(among people 25 years or older)

| | |
|-------------------------------|--------------|
| Less than 9th grade: | 9.4% |
| 9th-12th grade (nongrad): | 18% |
| High school graduate: | 30.8% |
| Some college: | 17.8% |
| Associate degree: | 4.5% |
| Bachelors degree: | 11.7% |
| Graduate/Professional: | 7.7% |
| High school or higher: | 72.5% |
| Bachelors or higher: | 19.5% |

Green = Above U.S. Avg Red = Below U.S. Avg

Red bkg. = Above U.S. Avg Green bkg. = Below U.S. Avg

Marital Status

(among people 15 years or older)

| | |
|----------------------------|--------------|
| Never married: | 21.2% |
| Married: | 46.8% |
| Separated: | 3.3% |
| Widowed: | 15.4% |
| Divorced: | 13.3% |
| Stability/Newcomer Appeal: | |
| Same home 5+ years: | 50.3% |

Social and economic indicators based on 2000 Census sample data.

Economic Indicators

Household Income

(among employed persons over 16)

| | |
|---------------------|-------|
| <\$10,000 | 15.8% |
| \$10,000-\$14,999 | 11.1% |
| \$15,000-\$24,999 | 19.6% |
| \$25,000-\$34,999 | 14.5% |
| \$35,000-\$49,999 | 14.4% |
| \$50,000-\$74,999 | 13.4% |
| \$75,000-\$99,999 | 4.8% |
| \$100,000-\$149,999 | 3.5% |
| \$150,000-\$199,999 | 1.6% |
| \$200,000+ | 1.4% |

Occupation

| | |
|--------------------------------|--------------|
| Mgt./Professional | 27.3% |
| Service | 21% |
| Sales/Office | 31% |
| Farm/Fishing/Forestry | 0.1% |
| Construction/Extraction/Maint. | 9.4% |
| Production/Transportation | 11.2% |
| Unemployment/Poverty | |
| Unemployed | 3.5% |
| Below Poverty Line | 18.2% |

Median Household Income: \$26,804

Demographics

Race

| Race | Age | Male | Female | Both |
|-----------------------------|-------|------------------------|---------------|-----------|
| | | % of Males | % of Females | % of All |
| Hispanic/Latino: | 19.1% | | | |
| White*: | 62% | | | |
| Black*: | 15.9% | | | |
| Native American*: | 0% | 0-9 years: 9.2% | 7.4% | 8.2% |
| Asian*: | 1% | 10-19 years: 7.8% | 6.6% | 7.2% |
| Hawaiian/Pacific Islander*: | 0% | 20-29 years: 9.3% | 9.5% | 9.4% |
| Other*: | 0.1% | 30-39 years: 13.6% | 11.2% | 12.3% |
| Multiracial*: | 1.7% | 40-49 years: 12.6% | 10.8% | 11.7% |
| | | 50-59 years: 11.4% | 11.7% | 11.6% |
| | | 60-69 years: 13% | 13.4% | 13.2% |
| | | 70-79 years: 13.6% | 15.5% | 14.6% |
| | | 80+ years: 9.5% | 14% | 11.9% |
| | | All Ages: Male: 46.7% | Female: 53.3% | |
| | | Median Ages: 47.7 yrs. | 53.9 yrs. | 50.9 yrs. |

** Does not include individuals in this racial group who identify as Hispanic/Latino.*

Zip Code 33311

Social Indicators

Educational Achievement:

(among people 25 years or older)

Less than 9th grade: 13.5%
 9th-12th grade (nongrad): 27.5%
 High school graduate: 31%
 Some college: 14.1%
 Associate degree: 4.5%
 Bachelors degree: 6.2%

Graduate/Professional: 3.2%

High school or higher: 58.9%

Bachelors or higher: 9.3%

Green = Above U.S. Avg Red = Below U.S. Avg

Red bkg. = Above U.S. Avg Green bkg. = Below U.S. Avg

Marital Status:

(among people 15 years or older)

Never married: 40%
Married: 34.2%
 Separated: 6.4%
 Widowed: 7.7%
 Divorced: 11.7%

Stability/Newcomer Appeal:
 Same home 5+ years: 53.2%

Social and economic indicators based on 2000 Census sample data.

Economic Indicators

Household Income

(among employed persons over 16)

<\$10,000 19.2%
 \$10,000-\$14,999 10.6%
 \$15,000-\$24,999 19.2%
 \$25,000-\$34,999 14%
 \$35,000-\$49,999 15.1%
 \$50,000-\$74,999 13.5%
 \$75,000-\$99,999 4.8%
 \$100,000-\$149,999 2.8%
 \$150,000-\$199,999 0.3%
 \$200,000+ 0.5%

Occupation

Mgt./Professional 16.5%
 Service 28.5%
 Sales/Office 25.2%
 Farm/Fishing/Forestry 0.4%
 Construction/Extraction/Maint. 11.8%
 Production/Transportation 17.6%
 Unemployment/Poverty
 Unemployed 6.3%
 Below Poverty Line 30.6%

Median Household Income: \$25,557

Demographics

Race

Hispanic/Latino: 3.5%
 White*: 10.1%
 Black*: 80.7%
 Native American*: 0%
 Asian*: 0.5%
 Hawaiian/Pacific Islander*: 0%
 Other*: 0.2%
 Multiracial*: 4.9%

** Does not include individuals in this racial group who identify as Hispanic/Latino.*

Age

| | Male % of Males | % of All | Female % of Females | % of All | Both % of All |
|--------------|-----------------|----------|---------------------|----------|---------------|
| 0-9 years: | 18.4% | 8.8% | 16.2% | 8.5% | 17.3% |
| 10-19 years: | 18.6% | 8.9% | 17.6% | 9.2% | 18% |
| 20-29 years: | 12.5% | 6% | 12.9% | 6.7% | 12.7% |
| 30-39 years: | 14.2% | 6.8% | 13.9% | 7.2% | 14% |
| 40-49 years: | 14% | 6.7% | 13.7% | 7.1% | 13.8% |
| 50-59 years: | 10% | 4.8% | 9.9% | 5.2% | 10% |
| 60-69 years: | 6.9% | 3.3% | 7.4% | 3.9% | 7.2% |
| 70-79 years: | 3.7% | 1.8% | 5% | 2.6% | 4.4% |
| 80+ years: | 1.7% | 0.8% | 3.5% | 1.8% | 2.6% |
| All Ages: | Male: 30.4 yrs. | 47.8% | Female: 32.6 yrs. | 52.2% | 31.5 yrs. |

Zip Code 33313

Social Indicators

Educational Achievement:

(among people 25 years or older)

| | |
|---------------------------|-------|
| Less than 9th grade: | 8.1% |
| 9th-12th grade (nongrad): | 20.6% |
| High school graduate: | 31.8% |
| Some college: | 21% |
| Associate degree: | 6.8% |
| Bachelors degree: | 7.9% |

Graduate/Professional: 3.7%

High school or higher: 71.3%

Bachelors or higher: 11.7%

Green = Above U.S. Avg Red = Below U.S. Avg

Red bkg. = Above U.S. Avg Green bkg. = Below U.S. Avg

Marital Status:

(among people 15 years or older)

| | |
|----------------------------|-------|
| Never married: | 34.1% |
| Married: | 40.2% |
| Separated: | 5% |
| Widowed: | 7.9% |
| Divorced: | 12.7% |
| Stability/Newcomer Appeal: | |
| Same home 5+ years: | 43.4% |

Social and economic indicators based on 2000 Census sample data.

Economic Indicators

Household Income

(among people 15 years or older)

| | |
|---------------------|-------|
| <\$10,000 | 14.1% |
| \$10,000-\$14,999 | 8.8% |
| \$15,000-\$24,999 | 19.5% |
| \$25,000-\$34,999 | 17% |
| \$35,000-\$49,999 | 16.5% |
| \$50,000-\$74,999 | 14.3% |
| \$75,000-\$99,999 | 5.1% |
| \$100,000-\$149,999 | 3.2% |
| \$150,000-\$199,999 | 0.7% |
| \$200,000+ | 0.7% |

Median Household Income: \$28,699

Occupation

(among employed persons over 16)

| | |
|--------------------------------|-------|
| Mgt./Professional | 21.3% |
| Service | 22.8% |
| Sales/Office | 32.3% |
| Farm/Fishing/Forestry | 0.4% |
| Construction/Extraction/Maint. | 10.7% |
| Production/Transportation | 12.6% |
| Unemployment/Poverty | |
| Unemployed | 5.5% |
| Below Poverty Line | 20.9% |

Demographics

Race

| | |
|-----------------------------|-------|
| Hispanic/Latino: | 7.9% |
| White*: | 19.2% |
| Black*: | 67% |
| Native American*: | 0% |
| Asian*: | 1.6% |
| Hawaiian/Pacific Islander*: | 0.1% |
| Other*: | 0.5% |
| Multiracial*: | 3.7% |

* Does not include individuals in this racial group who identify as Hispanic/Latino.

Age

| | Male % of Males | % of All | Female % of Females | % of All | Both % of All |
|--------------|-----------------|----------|---------------------|----------|---------------|
| 0-9 years: | 19% | 8.8% | 15% | 8.1% | 16.9% |
| 10-19 years: | 17.1% | 7.9% | 14.6% | 7.9% | 15.8% |
| 20-29 years: | 14% | 6.4% | 14.7% | 7.9% | 14.3% |
| 30-39 years: | 15.8% | 7.3% | 16.3% | 8.8% | 16% |
| 40-49 years: | 13.5% | 6.2% | 13.9% | 7.5% | 13.7% |
| 50-59 years: | 8.4% | 3.8% | 8.8% | 4.8% | 8.6% |
| 60-69 years: | 5.2% | 2.4% | 5.9% | 3.2% | 5.6% |
| 70-79 years: | 3.8% | 1.7% | 5% | 2.7% | 4.4% |
| 80+ years: | 3.2% | 1.5% | 5.8% | 3.1% | 4.6% |
| All Ages: | Male: 29.9 yrs. | 46.1% | Female: 33.6 yrs. | 53.9% | 31.9 yrs. |

ZIP Code 33020

Social Indicators

| | | | |
|---|--------------|---|--------------|
| Educational Achievement: | | Marital Status: | |
| <i>(among people 25 years or older)</i> | | <i>(among people 15 years or older)</i> | |
| Less than 9th grade: | 7.3% | Never married: | 31.1% |
| 9th-12th grade (nongrad): | 16.6% | Married: | 39.4% |
| High school graduate: | 32% | Separated: | 4% |
| Some college: | 22.5% | Widowed: | 8% |
| Associate degree: | 5.8% | Divorced: | 17.5% |
| Bachelors degree: | 10.3% | Stability/Newcomer Appeal: | |
| Graduate/Professional: | 5.3% | Same home 5+ years: | 42.5% |
| High school or higher: | 76% | <i>Social and economic indicators based on 2000 Census sample data.</i> | |
| Bachelors or higher: | 15.7% | | |

Green = Above U.S. Avg Red = Below U.S. Avg
Red bkg. = Above U.S. Avg Green bkg. = Below U.S. Avg

Economic Indicators

| | | | |
|--|-------|--------------------------------|--------------|
| Household Income | | Occupation | |
| <i>(among employed persons over 16)</i> | | | |
| <\$10,000 | 14.8% | Mgt./Professional | 23% |
| \$10,000-\$14,999 | 10.7% | Service | 21% |
| \$15,000-\$24,999 | 18.4% | Sales/Office | 29.2% |
| \$25,000-\$34,999 | 16.6% | Farm/Fishing/Forestry | 0.7% |
| \$35,000-\$49,999 | 15.4% | Construction/Extraction/Maint. | 14.3% |
| \$50,000-\$74,999 | 14.1% | Production/Transportation | 11.7% |
| \$75,000-\$99,999 | 5.2% | Unemployment/Poverty | |
| \$100,000-\$149,999 | 3.5% | Unemployed | 4.6% |
| \$150,000-\$199,999 | 0.8% | Below Poverty Line | 21.3% |
| \$200,000+ | 0.4% | | |
| Median Household Income: \$28,610 | | | |

Demographics

| | | | | | | |
|---|-------|--------------|-----------|-------------|-----------|-----------|
| Race | | Age | | | | |
| Hispanic/Latino: | 21.7% | Male | | Female | | Both |
| White*: | 51.2% | % of | % of | % of | % of | % of All |
| Black*: | 22.2% | Males | All | Females | All | |
| Native American*: | 0% | 0-9 years: | 13% | 6.5% | 12.3% | 6.2% |
| Asian*: | 1.4% | 10-19 years: | 11.7% | 5.8% | 11.3% | 5.7% |
| Hawaiian/Pacific Islander*: | 0.1% | 20-29 years: | 13.6% | 6.8% | 13.9% | 7% |
| Other*: | 0.4% | 30-39 years: | 18.6% | 9.3% | 17.1% | 8.5% |
| Multiracial*: | 2.8% | 40-49 years: | 17.3% | 8.7% | 15.6% | 7.8% |
| <i>* Does not include individuals in this racial group who identify as Hispanic/Latino.</i> | | | | | | |
| | | 50-59 years: | 10.9% | 5.5% | 10.7% | 5.3% |
| | | 60-69 years: | 7% | 3.5% | 6.8% | 3.4% |
| | | 70-79 years: | 5% | 2.5% | 6.7% | 3.4% |
| | | 80+ years: | 2.8% | 1.4% | 5.5% | 2.8% |
| | | All Ages: | Male: 50% | Female: 50% | | |
| | | Median Ages: | 36.4 yrs. | | 37.4 yrs. | 36.9 yrs. |

Zip Code 33023

| Social Indicators | | Economic Indicators | |
|---|--------------|---|--------------|
| Educational Achievement: <i>(among people 25 years or older)</i> | | Marital Status: <i>(among people 15 years or older)</i> | |
| Less than 9th grade: | 7.1% | Never married: | 30.3% |
| 9th-12th grade (nongrad): | 18.6% | Married: | 49.4% |
| High school graduate: | 33.3% | Separated: | 3.6% |
| Some college: | 22.1% | Widowed: | 6% |
| Associate degree: | 7.3% | Divorced: | 10.7% |
| Bachelors degree: | 8% | Stability/Newcomer Appeal: | |
| Graduate/Professional: | 3.6% | Same home 5+ years: | 54.7% |
| High school or higher: | 74.3% | <i>Social and economic indicators based on 2000 Census sample data.</i> | |
| Bachelors or higher: | 11.6% | | |

| Household Income | | Occupation <i>(among employed persons over 16)</i> | |
|--|-------|---|-------|
| <\$10,000 | 9.7% | Mgt./Professional | 22.4% |
| \$10,000-\$14,999 | 6.4% | Service | 19.3% |
| \$15,000-\$24,999 | 14.6% | Sales/Office | 32% |
| \$25,000-\$34,999 | 15.2% | Farm/Fishing/Forestry | 0.3% |
| \$35,000-\$49,999 | 19.8% | Construction/Extraction/Maint. | 12.5% |
| \$50,000-\$74,999 | 20.6% | Production/Transportation | 13.5% |
| \$75,000-\$99,999 | 8.6% | Unemployment/Poverty | |
| \$100,000-\$149,999 | 3.7% | Unemployed | 5% |
| \$150,000-\$199,999 | 0.5% | Below Poverty Line | 12.7% |
| \$200,000+ | 0.9% | | |
| Median Household Income: \$37,756 | | | |

*Green = Above U.S. Avg Red = Below U.S. Avg
Red bkg. = Above U.S. Avg Green bkg. = Below U.S. Avg*

Demographics

| Race | | Age | | | | | |
|---|-------|-----------------|---------------------------|---------------|-----------|------|-------|
| | | Male % of Males | Female % of Females | Both % of All | | | |
| Hispanic/Latino: | 24.1% | | | | | | |
| White*: | 26.8% | | | | | | |
| Black*: | 43.8% | | | | | | |
| Native American*: | 0% | | | | | | |
| Asian*: | 1.6% | | | | | | |
| Hawaiian/Pacific Islander*: | 0.1% | | | | | | |
| Other*: | 0.5% | | | | | | |
| Multiracial*: | 2.9% | | | | | | |
| <i>* Does not include individuals in this racial group who identify as Hispanic/Latino.</i> | | | | | | | |
| | | 0-9 years: | 17.7% | 8.5% | 15.6% | 8.1% | 16.6% |
| | | 10-19 years: | 18.1% | 8.7% | 15.9% | 8.3% | 17% |
| | | 20-29 years: | 12.6% | 6% | 13.2% | 6.9% | 12.9% |
| | | 30-39 years: | 16.1% | 7.7% | 17.2% | 9% | 16.7% |
| | | 40-49 years: | 15.2% | 7.3% | 15.2% | 7.9% | 15.2% |
| | | 50-59 years: | 9.4% | 4.5% | 9.5% | 4.9% | 9.4% |
| | | 60-69 years: | 5.8% | 2.8% | 6.5% | 3.4% | 6.1% |
| | | 70-79 years: | 3.6% | 1.7% | 4.5% | 2.4% | 4.1% |
| | | 80+ years: | 1.5% | 0.7% | 2.5% | 1.3% | 2% |
| | | All Ages: | Male: 47.8% Female: 52.2% | | | | |
| | | Median Ages: | 31.1 yrs. | 33.4 yrs. | 32.4 yrs. | | |

Zip Code 33024

Social Indicators

| | | | |
|---|--------------|---|--------------|
| Educational Achievement: | | Marital Status: | |
| <i>(among people 25 years or older)</i> | | <i>(among people 15 years or older)</i> | |
| Less than 9th grade: | 6.7% | Never married: | 26% |
| 9th-12th grade (nongrad): | 14.9% | Married: | 51.7% |
| High school graduate: | 32.5% | Separated: | 2.3% |
| Some college: | 22.5% | Widowed: | 6.8% |
| Associate degree: | 8.1% | Divorced: | 13.1% |
| Bachelors degree: | 10.5% | Stability/Newcomer Appeal: | |
| Graduate/Professional: | 4.8% | Same home 5+ years: | 54.3% |
| High school or higher: | 78.4% | <i>Social and economic indicators based on 2000 Census sample data.</i> | |
| Bachelors or higher: | 15.3% | | |

Green = Above U.S. Avg Red = Below U.S. Avg
Red bkg. = Above U.S. Avg Green bkg. = Below U.S. Avg

Economic Indicators

| | | | |
|--|-------|--------------------------------|--------------|
| Household Income | | Occupation | |
| <i>(among employed persons over 16)</i> | | | |
| <\$10,000 | 7.9% | Mgt./Professional | 27.4% |
| \$10,000-\$14,999 | 4.9% | Service | 16.2% |
| \$15,000-\$24,999 | 13% | Sales/Office | 31.1% |
| \$25,000-\$34,999 | 13.7% | Farm/Fishing/Forestry | 0.4% |
| \$35,000-\$49,999 | 18.8% | Construction/Extraction/Maint. | 13.4% |
| \$50,000-\$74,999 | 23.8% | Production/Transportation | 11.5% |
| \$75,000-\$99,999 | 10.1% | Unemployment/Poverty | |
| \$100,000-\$149,999 | 5.8% | Unemployed | 3% |
| \$150,000-\$199,999 | 1.3% | Below Poverty Line | 10.1% |
| \$200,000+ | 0.6% | | |
| Median Household Income: \$42,934 | | | |

Demographics

| | | | | | | | |
|---|------------|--------------|-------------|---------------|----------|-------------|-----------|
| Race | Age | Male | | Female | | Both | |
| Hispanic/Latino: | 30.8% | % of Males | % of All | % of Females | % of All | % of All | |
| White*: | 53.5% | 0-9 years: | 16.1% | 7.7% | 13.6% | 7.1% | 14.8% |
| Black*: | 9% | 10-19 years: | 16.3% | 7.8% | 13.7% | 7.1% | 15% |
| Native American*: | 1% | 20-29 years: | 12.3% | 5.9% | 12.7% | 6.6% | 12.5% |
| Asian*: | 3% | 30-39 years: | 17.4% | 8.4% | 17% | 8.8% | 17.2% |
| Hawaiian/Pacific Islander*: | 0.1% | 40-49 years: | 15.5% | 7.5% | 15.4% | 8% | 15.4% |
| Other*: | 0.4% | 50-59 years: | 10.3% | 5% | 10.9% | 5.7% | 10.6% |
| Multiracial*: | 2% | 60-69 years: | 6.2% | 3% | 7.3% | 3.8% | 6.8% |
| <i>* Does not include individuals in this racial group who identify as Hispanic/Latino.</i> | | 70-79 years: | 4% | 1.9% | 5.9% | 3.1% | 5% |
| | | 80+ years: | 1.9% | 0.9% | 3.5% | 1.8% | 2.7% |
| | | All Ages: | Male: 48.1% | Female: 51.9% | | | |
| | | Median Ages: | 33.4 yrs. | 36.3 yrs. | | | 34.9 yrs. |

Zip Code 33060

Social Indicators

| | | | |
|---|--------------|---|--------------|
| Educational Achievement: | | Marital Status: | |
| <i>(among people 25 years or older)</i> | | <i>(among people 15 years or older)</i> | |
| Less than 9th grade: | 10.1% | Never married: | 32.9% |
| 9th-12th grade (nongrad): | 20.4% | Married: | 43.9% |
| High school graduate: | 27.8% | Separated: | 3.7% |
| Some college: | 20.2% | Widowed: | 8% |
| Associate degree: | 5.9% | Divorced: | 11.6% |
| Bachelors degree: | 11% | Stability/Newcomer Appeal: | |
| Graduate/Professional: | 4.7% | Same home 5+ years: | 48.3% |
| High school or higher: | 69.5% | <i>Social and economic indicators based on 2000 Census sample data.</i> | |
| Bachelors or higher: | 15.7% | | |

Green = Above U.S. Avg Red = Below U.S. Avg
Red bkg. = Above U.S. Avg Green bkg. = Below U.S. Avg

Economic Indicators

| | | | |
|--|-------|--------------------------------|--------------|
| Household Income | | Occupation | |
| <i>(among employed persons over 16)</i> | | | |
| <\$10,000 | 14.3% | Mgt./Professional | 24% |
| \$10,000-\$14,999 | 6.5% | Service | 20.1% |
| \$15,000-\$24,999 | 15.4% | Sales/Office | 26.9% |
| \$25,000-\$34,999 | 15.1% | Farm/Fishing/Forestry | 0.6% |
| \$35,000-\$49,999 | 15.4% | Construction/Extraction/Maint. | 14.2% |
| \$50,000-\$74,999 | 17.2% | Production/Transportation | 14.2% |
| \$75,000-\$99,999 | 6.9% | Unemployment/Poverty | |
| \$100,000-\$149,999 | 6.1% | Unemployed | 4.4% |
| \$150,000-\$199,999 | 1.5% | Below Poverty Line | 21.6% |
| \$200,000+ | 1.7% | | |
| Median Household Income: \$34,060 | | | |

Demographics

| | | | | | | | |
|---|-------|--------------|-------------|---------------|-------|------|----------|
| Race | | Age | | | | | |
| Hispanic/Latino: | 11.9% | Male | | Female | | Both | |
| White*: | 45.8% | % of | % of | % of | % of | % of | |
| Black*: | 36% | Males | All | Females | All | All | |
| Native American*: | 0% | 0-9 years: | 15% | 7.5% | 14.4% | 7.2% | 14.7% |
| Asian*: | 0.8% | 10-19 years: | 13.4% | 6.7% | 13% | 6.5% | 13.2% |
| Hawaiian/Pacific Islander*: | 0% | 20-29 years: | 13.4% | 6.7% | 12.1% | 6.1% | 12.8% |
| Other*: | 0.3% | 30-39 years: | 16.9% | 8.4% | 15.7% | 7.9% | 16.3% |
| Multiracial*: | 5% | 40-49 years: | 16.5% | 8.2% | 14.5% | 7.3% | 15.5% |
| <i>* Does not include individuals in this racial group who identify as Hispanic/Latino.</i> | | 50-59 years: | 10.6% | 5.3% | 9.6% | 4.8% | 10.1% |
| | | 60-69 years: | 6.7% | 3.4% | 7.2% | 3.6% | 7% |
| | | 70-79 years: | 4.5% | 2.2% | 6.3% | 3.2% | 5.4% |
| | | 80+ years: | 2.9% | 1.4% | 7.2% | 3.6% | 5% |
| | | All Ages: | Male: 49.9% | Female: 50.1% | | | |
| | | Median Ages: | 35.2 yrs. | 37.1 yrs. | | | 36.1 yrs |

Zip Code 33069

Social Indicators

| | | | |
|---|--------------|---|--------------|
| Educational Achievement: | | Marital Status: | |
| <i>(among people 25 years or older)</i> | | <i>(among people 15 years or older)</i> | |
| Less than 9th grade: | 7% | Never married: | 27.3% |
| 9th-12th grade (nongrad): | 15.8% | Married: | 47.2% |
| High school graduate: | 30% | Separated: | 3.6% |
| Some college: | 20.1% | Widowed: | 11.3% |
| Associate degree: | 5.2% | Divorced: | 10.6% |
| Bachelors degree: | 15% | Stability/Newcomer Appeal: | |
| Graduate/Professional: | 7% | Same home 5+ years: | 47.8% |
| High school or higher: | 77.2% | <i>Social and economic indicators based on 2000 Census sample data.</i> | |
| Bachelors or higher: | 22% | | |

Green = Above U.S. Avg Red = Below U.S. Avg
Red bkg. = Above U.S. Avg Green bkg. = Below U.S. Avg

Economic Indicators

| | | | |
|--|-------|--------------------------------|------------|
| Household Income | | Occupation | |
| <i>(among employed persons over 16)</i> | | | |
| <\$10,000 | 11.1% | Mgt./Professional | 30% |
| \$10,000-\$14,999 | 6.5% | Service | 19% |
| \$15,000-\$24,999 | 14.9% | Sales/Office | 32.9% |
| \$25,000-\$34,999 | 16.5% | Farm/Fishing/Forestry | 0.6% |
| \$35,000-\$49,999 | 18.3% | Construction/Extraction/Maint. | 7.6% |
| \$50,000-\$74,999 | 18.2% | Production/Transportation | 9.9% |
| \$75,000-\$99,999 | 7.6% | Unemployment/Poverty | |
| \$100,000-\$149,999 | 4.8% | Unemployed | 3% |
| \$150,000-\$199,999 | 0.8% | Below Poverty Line | 16% |
| \$200,000+ | 1.2% | | |
| Median Household Income: \$35,632 | | | |

Demographics

| | | | | | | | |
|---|-------|--------------|-------------|---------------|-------|-----------|-------|
| Race | | Age | | | | | |
| Hispanic/Latino: | 10.6% | Male | | Female | | Both | |
| White*: | 55.8% | % of | % of | % of | % of | % of | |
| Black*: | 30.5% | Males | All | Females | All | All | |
| Native American*: | 0% | 0-9 years: | 8.5% | 4.2% | 8% | 4.1% | 8.3% |
| Asian*: | 0.9% | 10-19 years: | 8.9% | 4.4% | 7.9% | 4% | 8.4% |
| Hawaiian/Pacific Islander*: | 0% | 20-29 years: | 16.4% | 8.1% | 12.9% | 6.6% | 14.7% |
| Other*: | 0.2% | 30-39 years: | 17% | 8.4% | 13.6% | 6.9% | 15.3% |
| Multiracial*: | 2% | 40-49 years: | 12.2% | 6% | 10.8% | 5.5% | 11.5% |
| <i>* Does not include individuals in this racial group who identify as Hispanic/Latino.</i> | | 50-59 years: | 8.9% | 4.4% | 10.1% | 5.1% | 9.5% |
| | | 60-69 years: | 8.3% | 4.1% | 10.3% | 5.2% | 9.3% |
| | | 70-79 years: | 10.4% | 5.1% | 13.7% | 7% | 12.1% |
| | | 80+ years: | 9.2% | 4.5% | 12.7% | 6.5% | 11% |
| | | All Ages: | Male: 49.2% | Female: 50.8% | | | |
| | | Median Ages: | 39.3 yrs. | 46.7 yrs. | | 42.5 yrs. | |

1.B Description of how the Target Population is Accessed

Healthy Families Broward has formal agreements with Women in Distress, ChildNet (the local community based care agency), Broward Healthy Start Coalition, Inc., Broward County Health Department, and 2-1-1 Broward. HF Broward has interagency agreements with the following: United Way of Broward County, Broward Health, Memorial Healthcare System, Holy Cross Hospital, Plantation General Hospital, Family Central, and Kids In Distress.

Women are assessed by the Family Assessment Workers (FAWs) during the pre-natal and postnatal stage. Healthy Families Broward receives a copy of all the Universal Prenatal Screens from the Broward Healthy Start Coalition. These screens are used to determine those women that should be offered a Healthy Families assessment. For the 12-13 fiscal year, Healthy Families Broward had 5 full time employees completing assessments in the hospital, full time supervisor, and 1 full time employee completing HF screens at Broward General. In order to reach the post-natal population Healthy Families Broward screens all women giving birth at Broward General Hospital, Plantation General Hospital, Holy Cross Hospital, Memorial Regional Hospital a Memorial Hospital West who reside in the targeted zip code areas (33020, 33023, 33004, 33311, 33060, 33069, 33024, 33313, and 33009).

The program also receives referrals from other social service agencies in the county such as Family Central, ChildNet, Women in Distress as well as self referrals.

1.C COMPARISON OF BIRTH RATES AND SCREENING RATES

For the fiscal year 2011-2012 there were 8,898 births in the targeted zip codes served by HFB (source: Florida Charts). HFB processed 6,782 screens or 83% of the births in the targeted zip codes. Of the total number of screens processed, 4,928 were positive and 1,928 were expected to be assessed. The total number of assessments that were completed during the 2011-2012 reporting period was 1,867. (Source: <https://www.ounce.org/hff-reports/screen-list.asp>).

For the previous fiscal year, HFB processed 8,740 screens or 80% of the births in the targeted zip codes. Of the total number of screens processed, 5,455 were positive and 1,994 were expected to be assessed. The total number of assessments that were completed during the 2010-2011 fiscal year was 1,917. (Source: <https://www.ounce.org/hff-reports/screen-list.asp>).

During the fiscal year 2011-2012, there was a decrease in the number of screens processed compared to the fiscal year 2010-2011. The decrease can be attributed to a reduction in staffing. The full-time HF screener located at Broward Health Medical Center position was reduced to part-time from October 2012-June 2013, which also greatly impacted the number of families screened during the reporting period.

1.D ANALYSIS OF FAMILIES SCREENED BUT NOT ASSESSED

The team made significant improvement for the fiscal year July 2010- June 2011 with only having a discrepancy of 77 screens with no results. The challenges identified were data entry errors, inaccurate demographic information and duplication of screens.

These challenges were corrected by having ongoing training with the PSAs and designating a single staff member to enter the data, with back-up. The PSA continues to pick up a high volume of screens on a weekly basis from the Health Department. The screens are sorted and scored by the PSA which are then filed in an efficient manner creating easier access, more accountability and better tracking. Screens are now entered in the BRHPC database weekly thus minimizing duplication. Every month, the PSAs are only entering screens that have a result in the HFF system.

In an effort to increase the number of families seen, the FAWs and FAWS are contacting the medical providers to obtain updated contact information in order to reach those families that have incorrect demographic information. We have had some success with doctors providing updated contact information, while others will not share without a signed authorization from their own agency (they will not accept the HFF Limited Authorization Release of Information). Staff turnover continues to greatly impact our ability to offer assessment to a higher volume of the participant who screen as eligible for services.

For the fiscal year July 2011-June 2012, we continue to implement the process that was put in place the previous fiscal year which has been effective and more efficient in improving in the screen and assessment process. There was a discrepancy of 61 screens with no results.

The acceptance rate for assessments was 83% for 2011-2012 fiscal year, which is an increase from the previous fiscal 2010-2011 acceptance rate of 80%.

| Screening Analysis Report (07/2011 - 06/2012) | | | |
|--|---|----------------------------------|--------------|
| | HFF Record Screen/Referral Forms | Prenatal Risk Screens | Total |
| Total screens resolved | 2,206 | 4,576 | 6,782 |
| Total # of negative screens | 488 | 1,366 | 1,854 |
| (A) Total # of positive screens | 1,718 | 3,210 | 4,928 |
| (B) Positive screens not assessed due to MOOSA | 15 | 49 | 64 (1%) |
| (C) Positive screens not assessed due to vanished/unable to locate | 73 | 746 | 819 (17%) |
| (D) Positive screens not assessed due to TC adopted out/died prior to assessment | 0 | 32 | 32 (1%) |
| (E) Positive screens not assessed due to unable to process - limited resources | 14 | 1,479 | 1,493 (30%) |
| (F) Positive screens not assessed for other reasons | 171 | 32 | 203 (4%) |
| Positive screens offered assessment [A-(B+C+D+E+F)] | 1,445 | 872 | 2,317 (47%) |
| # of positive screens that refused assessment | 169 | 220 | 389 |
| Total # that should be assessed | 1,276 | 652 | 1,928 |

(Offered - Refused)

Assessment Acceptance Rate (# that should have been assessed / # offered assessment): 83%

Total # assessments entered (07/2011 - 06/2012): 1,867

Other reasons positive screens were not assessed: (HFF Record Screen/Referral Forms) 1 in program, 1 already assessed, outreach, 2 missed, 1 assessed prenatal, 2 assessed prior, already assessed, missed language barrier, assessed prenatally, prior, assessed prenatally, assessed prenatal,, assessed prenatal, already assessed, missed, assessed prenatal, already enrolled, assessed prenatally, assessed prior, assessed prior,, assessed prior, already enrolled in hfb, assessed prior, ni, assessed prior, other site, assessed prior, 2 missed, 1 already assessed, baby 3 months old, closed, missed, already assessed, cps removed baby, already assessed,, enrolled in other services, assessed prior, graduated hff, assessed prenatal, language, language, unable to locate, language, ni, missed, missed @ hospital, missed at hospital, missed at hospital,, missed at hospital, assessed prior, missed, already assessed, missed/Spanish, moosa, ni, not interested, out of reach, out of zip, out of zip code, out zip, out zip, mob receiving services from family central, out zip, Spanish, already assessed prenatally, refused assessment, Spanish, Spanish only, Spanish/out zip, target child is too old, unable to locate.

(Prenatal Risk Screens) already assessed, already in hfb program, already in hff, already receiving services, assessed prior, closed in hff,, enrolled in hfp, site 5, enrolled with healthy start, enrolled with hmhb,, mob completed the program, out of reach, pregnancy terminated, previously assessed, receiving services from hmhb, recvg svcs from healthy start, seen at hospital, unable to reach, with hfb, mob was being induced, working no time.

Screening Analysis Report (07/2010 - 06/2011)

| | HFF Record Screen/Referral Forms | Prenatal Risk Screens | Total |
|--|-------------------------------------|--------------------------|-------------|
| Total screens resolved | 2,696 | 6,042 | 8,738 |
| Total # of negative screens | 582 | 2,702 | 3,284 |
| (A) Total # of positive screens | 2,114 | 3,341 | 5,455 |
| (B) Positive screens not assessed due to MOOSA | 11 | 45 | 56 (1%) |
| (C) Positive screens not assessed due to vanished/unable to locate | 83 | 326 | 409 (7%) |
| (D) Positive screens not assessed due to TC adopted out/died prior to assessment | 24 | 33 | 57 (1%) |
| (E) Positive screens not assessed due to unable to process - limited resources | 80 | 2,110 | 2,190 (40%) |
| (F) Positive screens not assessed for other reasons | 223 | 29 | 252 (5%) |
| Positive screens offered assessment [A-(B+C+D+E+F)] | 1,693 | 797 | 2,490 (46%) |
| # of positive screens that refused assessment | 186 | 309 | 495 |
| Total # that should be assessed (Offered - Refused) | 1,507 | 488 | 1,995 |

Assessment Acceptance Rate (# that should have been assessed / # offered assessment): 80%

Total # assessments entered (07/2010 - 06/2011): 1,919

Other reasons positive screens were not assessed: (HFF Record Screen/Referral Forms) 1 missed, 1 assessed in 08, Creole, out of reach, 2 missed, 3 already assessed, 3 missed at hospital, already assessed, already assessed, Spanish, previously assessed, assessed prior, assessed prior, missed, Creole, Creole, Creole only, Creole, Spanish, outreach, missed, missed at hospital out of zip, missed at hospital, missed at hospital on outreach, missed at hospital, missed, missed, already assessed, missed, out of zip, MOB homeless, not interested, other language, missed at hospital, other language, missed, already in program, out of reach, out of zip, out zip, outreach, missed at hospital, refused, Spanish, Spanish only, Spanish, Creole, assessed prior, missed, Spanish, missed, Spanish/Creole, staffed, unable to locate.

(Prenatal Risk Screens) BA too old, already in the program, baby older than 4 months, not interested, refused, receiving services from another provider.



2. PROGRAM ACCEPTANCE

2.A ANALYSIS OF THE RESULTS OF POSITIVE ASSESSMENTS

During the last fiscal year 2011-2012, we have seen a decline from the previous year in the number of families that were assessed and an increase in the number of families moving out of the service area. Improvements have been made in Refused Program at Assessment area from the previous fiscal year 2010-2011. The decline in the number of families that were assessed is a result from staff turnover and budget cuts that limited the program's capacity to take new cases overall.

Healthy Families Broward assessed 1,867 families during the fiscal year 2011-2012. The following table shows the assessment results for the 1,867 families assessed. The program acceptance rate was 38% for the fiscal year 2011-2012, which is an increase from the previous fiscal year 2010-2011 of 33%.

| Aggregate Report for Assessment Result (Assessed From 07/01/2011 Through 06/30/2012) | | |
|--|-----|-----|
| Assessment Result | # | % |
| MOOSA | 40 | 2% |
| Consented To Participate | 196 | 10% |
| Refused Program @Assessment | 213 | 11% |
| Refused Program During Creative Outreach | 109 | 6% |
| Active CPS Case | 20 | 1% |
| Scored Out | 279 | 15% |
| Target Child Adopted | 1 | 0% |
| Target Child Miscarried/ITOP/Died | 5 | 0% |
| Referred To More Appropriate Service | 134 | 7% |
| Other | 13 | 1% |
| Family Vanished/Unable To Locate | 26 | 1% |
| Not Enrolled/At Situational Capacity | 830 | 44% |
| Not Enrolled/At Actual Capacity | 0 | 0% |
| Refused CPS Background Check | 1 | 0% |
| None Selected | 0* | 0% |
| HFF Plus Study Control Group | 0 | 0% |
| Program Acceptance Rate | 38% | |
| Total: 1,867 | | |
| * Including 0 assessments with the "None Selected" subtype from "HFP Intervention Group" | | |

| Aggregate Report for Assessment Result (Assessed From 07/01/2010 Through 06/30/2011) | | |
|--|-----|-----|
| Assessment Result | # | % |
| MOOSA | 29 | 2% |
| Consented To Participate | 173 | 9% |
| Refused Program @Assessment | 246 | 13% |
| Refused Program During Creative Outreach | 111 | 6% |
| Active CPS Case | 17 | 1% |
| Scored Out | 253 | 13% |
| Target Child Adopted | 0 | 0% |
| Target Child Miscarried/ITOP/Died | 1 | 0% |
| Referred To More Appropriate Service | 26 | 1% |

| | | |
|--|------|-----|
| Other | 15 | 1% |
| Family Vanished/Unable To Locate | 24 | 1% |
| Not Enrolled/At Situational Capacity | 1022 | 53% |
| Not Enrolled/At Actual Capacity | 2 | 0% |
| Refused CPS Background Check | 0 | 0% |
| None Selected | 0* | 0% |
| HFF Plus Study Control Group | 0 | 0% |
| Program Acceptance Rate | 33% | |
| Total: 1917 | | |
| * Including 0 assessments with the "None Selected" subtype from "HFP Intervention Group" | | |

2.B. DEFINITION OF ACCEPTANCE RATES FOR ASSESSMENT AND PROGRAM

The “acceptance rate” for assessment is the number of expected assessments divided by the number of expected assessments plus the number of people who refused. The “program acceptance rate” is the number of families that accept and enroll in Healthy families Broward services divided by the number of families invited to participate.

$$\text{Acceptance Rate} = \frac{\text{Number of Families enrolled}}{\text{Number of Families invited to participate}}$$

2. C. PROGRAM ACCEPTANCE RATE

The program acceptance rate for the fiscal year July 2011-June 2012 is 38%. This is a 5% increase over the 2010-2011 fiscal year acceptance rate of 33%. The FAWs have been facing with challenges related to other programs competing for the same target population served by HFB. The declining economy also played a vital role in families being primarily concerned with having their basic needs met. We have seen an increase in families moving in with other family members for financial support, as well as moving out of the service area which has an impact their acceptance of the home visitor. When the program is offered using the HFB Introductory Binder, the families are now asking if they will be getting any tangible items other than the home visiting component. If the family’s needs are not being met at the time of assessment, they are choosing to go with other services that are able to meet their needs and that offer less intensive educational classes such as: Urban league, Teen Collaborative and Respect Life. On the other hand, we have seen an improvement in the *Refusal Rate at Assessment* and cases *Not Enrolled at Situational Capacity*. The team has been assessing more prenatal moms thus minimizing having to compete with other programs post-natally for the same clients. This population is often more open to services.

The team has been effective at having a quicker turnaround time in staffing cases; multiple phone calls are made prior to staffing along with setting up initial home visits for the FSW team.

If we were to include the number 830 that were not enrolled because of Situational Capacity, but were very interested in the program, our acceptance rate could have been as much as 82%. Although not all of those willing to accept the program at assessment are enrolled, they are all provided with education and brochures on safe sleep, shaken baby, coping with crying, post-partum depression, 2-1-1 Broward, Parent Resource directory, Hope Pregnancy Center and Respect life. A majority of the families are assisted with completing the WIC application at the time of the assessment and education is provided on the process of applying for Medicaid. Those that are not enrolled in the program because of situational capacity are referred to other programs in the community such as Healthy Start, Henderson Mental Health, Kids In Distress' Kid First Program, Healthy Mothers/Healthy Babies' Teen Collaborative Program and Family Central's Parents As Teachers Program.

2.D. ANALYSIS OF ASSESSMENT OUTCOMES

2.D.1 REFUSAL AT ASSESSMENT AND DURING CREATIVE OUTREACH Assessment Outcomes 2011-2012

| FAW | Total Positive Assessments | Positive Assessments Percentage % | Total Negative Assessments | Negative Assessments Percentage % | Refused Program at Assessment | Refused Program at Assessment Percentages % | Refused Program During Creative Outreach | Refused Program During Creative Outreach Percentage | Total Assessments |
|---------------------|----------------------------|-----------------------------------|----------------------------|-----------------------------------|-------------------------------|---|--|---|-------------------|
| Adriana Baldwin | 55 | 89% | 7 | 11% | 0 | 0% | 2 | 3% | 62 |
| Elena Luz Betancur | 197 | 89% | 24 | 11% | 14 | 6% | 10 | 5% | 221 |
| Erdna Barbancourt | 60 | 98% | 1 | 2% | 2 | 3% | 2 | 3% | 61 |
| Karine Ducenor-Gray | 198 | 86% | 32 | 14% | 9 | 4% | 23 | 10% | 230 |
| Maria Garcia | 138 | 81% | 33 | 19% | 46 | 27% | 10 | 6% | 171 |
| Karlene Gonzales | 176 | 80% | 45 | 20% | 35 | 16% | 10 | 5% | 221 |
| Adriana Lopez | 206 | 82% | 18 | 8% | 10 | 4% | 20 | 9% | 224 |
| Tabitha Milfort | 14 | 74% | 5 | 26% | 4 | 21% | 0 | 0% 7% | 19 |
| Kedna Philius | 188 | 87% | 29 | 13% | 41 | 19% | 13 | 6% | 217 |
| Yulonda Smith | 122 | 77% | 37 | 23% | 25 | 16% | 9 | 6% | 159 |
| Imani Talib | 69 | 97% | 2 | 3% | 5 | 7% | 2 | 3% | 71 |
| Gloria Villalobos | 33 | 69% | 15 | 31% | 6 | 13% | 1 | 2% | 48 |
| Rachel Williams | 3 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 3 |
| Chinyere Woke | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 1 |
| Kristina Torrence | 117 | 88% | 16 | 12% | 15 | 11% | 5 | 4% | 133 |

| | | | | | | | | | |
|-------------------|----|------|---|-----|---|----|---|-----|----|
| Nathalia Vallejo | | | | | | | | | |
| Tashanie Hamilton | 10 | 83% | 2 | 17% | 0 | 0% | 2 | 17% | 12 |
| | 1 | 100% | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

Assessment Outcomes 2010-2011

| FAW | Total Positive Asmnts | Positive Assessments Percentage % | Total Negative Assessments | Negative Assessments Percentage % | Refused Program at Assessment | Refused Program at Assessment Percentages % | Refused Program During Creative Outreach | Refused Program During Creative Outreach Percentage | Total Asmnts |
|----------------------|-----------------------|-----------------------------------|----------------------------|-----------------------------------|-------------------------------|---|--|---|--------------|
| Adriana Baldwin | 40 | 83% | 8 | 170% | 0 | 0% | 2 | 4% | 48 |
| Elena Luz Betancur | 162 | 81% | 38 | 19% | 12 | 6% | 8 | 4% | 200 |
| Adriana Crawford | 147 | 87% | 22 | 13% | 11 | 7% | 7 | 4% | 169 |
| Karine Duncenor-Gray | 175 | 98% | 4 | 2.2% | 17 | 9% | 9 | 5% | 179 |
| Maria Garcia | 200 | 83% | 41 | 17% | 51 | 21% | 18 | 7% | 241 |
| Karlene Gonzalez | 190 | 88% | 25 | 12% | 37 | 17% | 22 | 10% | 215 |
| Adriana Lopez | 199 | 86% | 32 | 14% | 15 | 6% | 11 | 5% | 231 |
| Tabitha Milfort | 121 | 80% | 31 | 20% | 30 | 20% | 10 | 7% | 152 |
| Kedna Philius | 200 | 89% | 26 | 12% | 46 | 20% | 15 | 7% | 226 |
| Sandra Silva | 13 | 100% | 0 | 0% | 7 | 54% | 0 | 0% | 13 |
| Imani Talib | 26 | 100% | 0 | 0% | 3 | 12% | 1 | 4% | 26 |
| Gloria Villalobos | 37 | 74% | 13 | 26% | 10 | 20% | 1 | 2% | 50 |
| Rachel Williams | 4 | 67% | 2 | 33% | 0 | 0% | 0 | 0% | 6 |
| Chinyere Woke | 47 | 90% | 5 | 10% | 0 | 0% | 1 | 2% | 52 |

Refused Program at Creative Outreach for Fiscal Year '11-'12

| Site | # Received for Outreach | # Refused at Outreach | Percentage Refused at Outreach |
|--------|-------------------------|-----------------------|--------------------------------|
| Site 1 | 57 | 17 | 30% |
| Site 3 | 40 | 3 | 8% |
| Site 4 | 70 | 20 | 29% |
| Site 5 | 129 | 41 | 32% |
| Site 6 | 60 | 18 | 30% |
| Total | 356 | 99 | 28% |

Refused Program at Creative Outreach for Fiscal Year '10-'11

| Site | # Received for Outreach | # Refused at Outreach | Percentage Refused at Outreach |
|--------------|-------------------------|-----------------------|--------------------------------|
| Site 1 | 81 | 26 | 32% |
| Site 3 | 45 | 12 | 27% |
| Site 4 | 43 | 12 | 28% |
| Site 5 | 103 | 47 | 46% |
| Site 6 | 43 | 13 | 30% |
| Total | 315 | 110 | 35% |

2.D.2. ANALYSIS OF THOSE REFUSING PROGRAM

Demographic Factors

Healthy Families Broward explored the demographic factors of those families refusing services and compared them to the demographics of families enrolled in the program. The following factors were explored:

- Race
- Age
- Marital Status
- Employment Status
- Language
- Zip Code

| Race | Refused Program | Enrolled FY 11-12 |
|---|-----------------|-------------------|
| - White | 20% | 26% |
| - Black | 73% | 59% |
| - American Indian or Alaska Native | 0% | 0% |
| - Asian | 0% | 0% |
| - Native Hawaiian or Other Pacific Islander | 0% | 1% |
| - Multi/Bi-Racial | 3% | 9% |
| - Other | 4% | 7% |
| - None Selected | 0% | 0% |

| Age | Refused Program | Enrolled |
|-----------------|-----------------|----------|
| - 17 or Younger | 4% | 5% |
| - 18 Years Old | 3% | 3% |
| - 19 Years Old | 2% | 7% |
| - Age 20-24 | 36% | 35% |
| - Age 25-29 | 28% | 21% |
| - Age 30-34 | 14% | 17% |
| - Older than 34 | 13% | 12% |

| Marital Status | Refused Program | Enrolled |
|----------------|-----------------|----------|
| | | |

| | | |
|-----------------|-----|-----|
| - Never Married | 72% | 78% |
| - Divorced | 2% | 1% |
| - Widowed | 0% | 0% |
| - Separated | 3% | 1% |
| - Now Married | 15% | 13% |
| - Cohabitation | 4% | 7% |
| - None Selected | 4% | 0% |

| Employment Status | Refused Program | Enrolled |
|----------------------|-----------------|----------|
| - Full Time | 20% | 10% |
| - Part Time | 2% | 5% |
| - Temporary | 0% | 0% |
| - Seasonal | 1% | 0% |
| - Internship | 0% | 0% |
| - Student/Fellowship | 3% | 1% |
| - Migrant Work | 0% | 0% |
| - Unemployed | 70% | 80% |
| - Retired | 0% | 0% |
| - Other | 2% | 1% |
| - None Selected | 1% | 4% |

| Language | Refused Program | Enrolled |
|-----------------|-----------------|----------|
| - English | 78% | 57% |
| - Spanish | 11% | 30% |
| - Creole | 7% | 8% |
| - Other | 5% | 6% |
| - None Selected | 0% | 0% |

There is not a great disparity between participants that have never been married and refused program versus those never married and enrolled in the program. Those working fulltime status are more likely to refuse than those not working full time.

Measurement of Acceptance Rates for Assessments and Analysis of Refusals at Assessment by zip code:

In 33311 and 33313: Refusals are primarily due to families who have been previously connected to other programs in these areas and feel that they are “getting what they need” such as, Teen Collaborate Program, Healthy Start, Healthy Mothers/Healthy Babies. Some refused claiming self-sufficiency with parenting expertise due to past experience and/or knowledge of parenting.

In 33004, 33060, 33069, 33023, and 33024: Undocumented legal status-fear of signing any consents and/or disclosing personal information to the FAW in fear of deportation are all contributory factors effecting refusal rates. Many indicated they were too busy to commit to the program due to work schedules.

Programmatic Factors:

In order to determine programmatic factors that are impacting program acceptance, Healthy Families Broward conducted a focus group with FAW supervisors, FAW's, FSW supervisors, and FSW's. The following factors were explored:

- Timeframe between assessment and staffing
- Changes in job status
- Type of attempted contacts

Findings:

Analysis found that the length of time between conducting the assessment and staffing the case creates challenges in locating and engaging the families. With the current economic crisis, families are forced to cohabitate with friends or extended family members. As a result of this they are not able to accept the home visitor despite their interest in receiving Healthy Families Broward services. For those families who were fortunate enough to gain employment, due to the unpredictable work schedules and sometimes relocation created difficulties in services being accepted. Speaking to staff we found that they limit themselves to two forms of initial contacts with participants which are phone calls and home attempts.

Social Factors:

Social Factors explored as part of this analysis include:

- Assessment Score
- Living Arrangements
- Will not have time due to: Work or in school
- Need more economical assistance/resources such as baby items, bus passes, food, jobs, etc)

The high score families are refusing services as they have current or past involvement with other agencies (example: CPS, Henderson Mental Health, Childnet, etc.) and they often express feeling a sense of being overwhelmed by multiple services coming in the home.

Often times, our participants live with other family and friends that do not want any social services to come in the home. Due to this MOB is reluctant to accept Healthy Families Broward services.

With regard to the number of participants who state they are "too busy" with work and/or school, HFB strives to accommodate each participant's schedule and tailor our program to meet each participant's unique needs.

Families are currently experiencing financial hardship and are often looking for a program that will provide basic needs items such as: clothes, diapers, assistance with utilities and rent, cribs, other baby items, and food.

2.E. STRATEGIES TO INCREASE ACCEPTANCE RATE

The Introduction Binder continues to be used by both the FAW's and FSW's during assessments and initial home visits.

FAWS's and FSWS's discuss and conduct a staffing on high scoring participants prior to assigning with respective site. This is done in order for the FSWS and FSW to know the families background and needs in order to use the appropriate and effective strategies when trying to engage high scoring families in to the program.

If MOB gives approval, FAW's and FSW's try to obtain contact information of the family members or friends that may be hesitant to have Healthy Families in their home.

FAW and FSW supervisors shadow their staff once a quarter. FSW supervisors shadow their new staff on the first initial home visits to make sure the program is being presented accurately.

Besides phone calls and home attempts, HFB will now send a letter not only to participants address but also family members who we have contact information in order to reach the participant.

For the families who state that they are "too busy" with work and/or school and cannot participate in the Healthy Families Broward program, staff informs those families that HFB is flexible and is willing to tailor the hours to meet the participant's need.

FSW's and FAW's continue to shadow each other in order to gain a better perspective of each other's roles in the Healthy Families Program.

During supervision, FAWS's and FAW's call potential participants to verify contact information as well as continuous interest in program. Once a case has been staffed, FSWS's call MOB to introduce themselves and the HFB program, identify best time for visits, and verify current address.

A form has been created in order to track cases both in outreach and cases that close. The form is to be used to see if any trends show up with FSW's during creative outreach and during services.

FSWS's will pay close attention to closure reasons to make sure the appropriate closure reason is being used when cases are being closed by PSA's.

The staffing process has been streamlined to be more efficient:

Process for Staffing Assessment Cases

1. Weekly report of available cases are being sent out on Mondays
2. The maximum number of eligible cases will be made available to each FSW Supervisor
3. Cases will be available on Tuesdays for pick up

Process

- FAWS will make copies of all cases and document each case on the receipt book.
- Cases with red flags are discussed between FAWS and FSWS during staffing.
- FAWS makes contact with high concern cases and introduces FSWS.
- FSWS will pick up originals and sign receipt book.
- FSWS and FSW will conduct outreach on these cases.
- The cases that refused during outreach will be closed.
- FSWS will pick up new outreach cases.



3. PARTICIPANT RETENTION

3.A. DEFINITION OF FAMILY RETENTION RATE

Healthy Families Broward defined the retention rate as the percentage of participants enrolled in a given fiscal year that remain the program for a specified period of time (i.e., 12 months, 24 months, 36 months) after the initial home visit.

3.B. RETENTION RATE: 12 MONTHS, 24 MONTHS, 36 MONTHS

12 MONTH RETENTION RATE

| Closure Reason | 09-10 | 10-11 | 11-12 |
|-----------------------------------|-------|-------|-------|
| Parent Incarcerated | 0.0% | 0.0% | 0.0% |
| Target Child Miscarried/ITOP/Died | 1.1% | 0.0% | 3.3% |
| Moved Out Of Service Area | 20.3% | 30.3% | 26.1% |
| Lost Contact | 8.2% | 6.1% | 7.6% |
| Other | 8.2% | 6.1% | 7.6% |
| Completed HFF Program | 0.0% | 0.0% | 0.0% |
| Referred Out | 0.0% | 1.0% | 0.0% |
| Parent School/Work Fulltime | 18.7% | 31.3% | 28.3% |
| TC Adopted Out/Custody Change | 0.0% | 0.0% | 1.1% |
| Child Removed By CPS | 0.0% | 1.0% | 2.2% |
| Referred To a Non-HFF HF Program | 0.0% | 2.0% | 2.2% |
| Transferred To Another HFF Site | 0.0% | 0.0% | 0.0% |
| Primary Participant Died | 0.5% | 0.0% | 0.0% |
| Not Interested | 24.7% | 18.2% | 21.7% |
| Aged Out | 0.5% | 0.0% | 0.0% |
| Refusing New FSW | 1.6% | 2.0% | 0.0% |
| Non-Target Child Died | 0.0% | 0.0% | 0.0% |
| State Budget Cuts | 15.9% | 2.0% | 0.0% |
| Local Budget Cuts | 0.0% | 0.0% | 0.0% |
| Retention Rate | 48% | 48% | 51% |

24 MONTH RETENTION RATE

| Closure Reason | 08-09 | 09-10 | 10-11 |
|-----------------------------------|-------|-------|-------|
| Parent Incarcerated | 0.0% | 0.0% | 0.0% |
| Target Child Miscarried/ITOP/Died | 0.8% | 0.9% | 0.0% |
| Moved Out Of Service Area | 25.0% | 21.9% | 27.8% |
| Lost Contact | 12.7% | 7.9% | 10.5% |
| Other | 6.4% | 6.6% | 6.0% |
| Completed HFF Program | 0.0% | 0.0% | 0.0% |
| Referred Out | 0.0% | 0.0% | 1.5% |
| Parent School/Work Fulltime | 12.3% | 20.2% | 27.8% |
| TC Adopted Out/Custody Change | 0.0% | 0.0% | 0.0% |
| Child Removed By CPS | 0.8% | 0.0% | 0.8% |
| Referred To a Non-HFF HF Program | 1.3% | 0.0% | 1.5% |
| Transferred To Another HFF Site | 0.4% | 0.0% | 0.0% |

| | | | |
|--------------------------|------------|------------|------------|
| Primary Participant Died | 0.0% | 0.4% | 0.0% |
| Not Interested | 27.5% | 23.2% | 16.5% |
| Aged Out | 0.0% | 0.4% | 0.8% |
| Refusing New FSW | 5.5% | 3.9% | 5.3% |
| Non-Target Child Died | 0.0% | 0.0% | 0.0% |
| State Budget Cuts | 7.2% | 14.5% | 1.5% |
| Local Budget Cuts | 0.0% | 0.0% | 0.0% |
| Retention Rate | 29% | 34% | 31% |

36 MONTH RETENTION RATE

| Closure Reason | 07-08 | 08-09 | 09-10 |
|-----------------------------------|------------|------------|------------|
| Parent Incarcerated | 0.0% | 0.0% | 0.0% |
| Target Child Miscarried/ITOP/Died | 0.0% | 0.7% | 0.8% |
| Moved Out Of Service Area | 28.0% | 24.0% | 22.6% |
| Lost Contact | 19.0% | 12.0% | 7.9% |
| Other | 7.0% | 6.4% | 6.0% |
| Completed HFF Program | 1.0% | 1.9% | 2.8% |
| Referred Out | 0.3% | 0.0% | 0.0% |
| Parent School/Work Fulltime | 12.0% | 12.0% | 19.4% |
| TC Adopted Out/Custody Change | 0.0% | 0.4% | 0.0% |
| Child Removed By CPS | 0.3% | 1.1% | 0.0% |
| Referred To a Non-HFF HF Program | 1.7% | 1.1% | 0.4% |
| Transferred To Another HFF Site | 0.0% | 0.4% | 0.0% |
| Primary Participant Died | 0.0% | 0.0% | 0.4% |
| Not Interested | 22.3% | 27.0% | 21.4% |
| Aged Out | 0.3% | 0.0% | 0.4% |
| Refusing New FSW | 4.3% | 5.2% | 4.8% |
| Non-Target Child Died | 0.0% | 0.0% | 0.0% |
| State Budget Cuts | 3.7% | 7.9% | 13.1% |
| Local Budget Cuts | 0.0% | 0.0% | 0.0% |
| Retention Rate | 18% | 19% | 27% |

3.C. RETENTION RATE NARRATIVE

The 12 month retention rate is 51% (11-12 fiscal year), which is a slight increase from the previous fiscal year (10-11) which was at 48%. The 24 month retention rate for the fiscal year 10-11 is 31%, a slight decrease from the previous fiscal year (09-10) which was at 34%. The 36 month retention rate for the fiscal year 09-10 is 27%, a significant increase from the previous fiscal year (08-09) which was at 19%. For the past three years the highest percentages of closure reasons are: Moved Out of Service Area (MOOSA), Parent in school/work fulltime, and not interested.

RETENTION RATE FOR THE FISCAL YEAR 2012-2013 FOR EACH FSW

| FSW's Name | Hire Date | Percent Retained |
|------------------------|------------------|-------------------------|
| SITE 1 | | |
| | | 53% |
| ECHEVARRIA, MARILYN*** | NA | 100% |
| FIGUEROA, MAYDA | 05/16/2008 | 67% |
| GONZALVE, CHERLY*** | NA | 100% |
| MCINTOSH, LYNETTE*** | NA | 100% |
| SMALL, KODESHA | 05/15/2012 | 73% |
| SITE 3 | | |
| | | 67% |
| BERMUDEZ, SANDRA | 11/26/2007 | 50% |
| BROWN, BARBARA | 7/6/2007 | 67% |
| LAZARRE, CHRISTINA*** | NA | 100% |
| MARTIN, CHIARA*** | NA | 100% |
| PIERRE, MARIE | 8/1/2006 | 75% |
| ROMERO, SANDRA | 3/15/2009 | 75% |
| SITE 4 | | |
| | | 60% |
| BOYNTON, VONCE | 8/17/2009 | 67% |
| GUZMAN, RITA*** | NA | 100% |
| HUERTAS, MARIA | 07/18/2011 | 59% |
| HURTADO, DIANA*** | NA | 100% |
| LANCHEROS, BIBIANA | 9/27/2009 | 60% |
| MATHURIN, OLGA*** | NA | 100% |
| REYES, JANET*** | NA | 100% |
| STARLIN, LASONYA*** | NA | 100% |
| SITE 5 | | |
| | | 47% |
| BENJAMIN, TERRY | 3/10/2009 | 70% |
| FIGUEROA, JANET*** | NA | 100% |
| JARAMILLO, MERLY | 1/8/2010 | 100% |
| JOSEPH-CASIMIR, MARIE | 10/24/2011 | 25% |
| PIERRE-LOUIS, DARBY*** | NA | 100% |
| SITE 6 | | |
| | | 73% |
| CAVANAUGH, ALLISON*** | 9/16/2013 | 100% |
| DICAMPLI, DIANA | 12/13/2012 | 100% |
| MARTIN, ARDRIKA | NA | 100% |
| STURRUP, DOROTHY | 2/6/2006 | 91% |
| VALENCIA, DIANA | 9/9/2011 | 50% |

Note: ***NA- These FSW's were not hired during the fiscal years discussed. Retention completed by previous FSW's show up as having been done by current FSW assigned to the site and the families.

3.D. ANALYSIS OF THOSE LEAVING PROGRAM

3.D.1. AGGREGATE REPORT FOR CLOSURE REASONS (FISCAL YEAR 2012-2013)

| Closure Reason | # | % |
|-----------------------------------|----|-------|
| Parent Incarcerated | 0 | 0.0% |
| Target Child Miscarried/ITOP/Died | 1 | 0.4% |
| Moved Out Of Service Area | 44 | 16.9% |
| Lost Contact | 14 | 5.4% |
| Other | 24 | 9.2% |
| Completed HFF Program | 86 | 33.1% |
| Referred Out | 0 | 0.0% |
| Parent School/Work Full-Time | 34 | 13.1% |
| TC Adopted Out/Custody Change | 2 | 0.8% |
| Child Removed By CPS | 4 | 1.5% |
| Referred To a NON-HFF HF Program | 3 | 1.2% |
| Transferred To Another HFF Site | 1 | 0.4% |
| Primary Participant Died | 0 | 0.0% |
| Not Interested | 31 | 11.9% |
| Aged Out | 6 | 2.3% |
| Refusing New FSW | 11 | 4.2% |
| Non-Target Child Died | 0 | 0.0% |
| State Budget Cuts | 0 | 0.0% |
| Local Budget Cuts | 0 | 0.0% |
| None Selected | 0 | 0.0% |

Total: 261

3.D.2A DEMOGRAPHIC FACTORS

Healthy Families Broward explored the demographic factors of those closed families and compared them to the demographics of families that were retained. The following factors were explored:

- Age
- Race
- Marital Status
- Education

There are no significant findings between the families that closed versus the families that were retained as shown on the tables below. The highest percentage for both closed and retained families are between the ages 20-24 and 25-29. The majority of Healthy Families Broward's clients both closed and retained are Black or African Americans and Whites. Participants who have never been married and those who are married make up the highest population that Healthy Families Broward closed and retained. Participants with a high school diploma are the highest for those families who were closed as well as those who were retained.

| Age | Closed | % | Retained | % |
|-----------------|--------|-----|----------|-----|
| - 17 or Younger | 3 | 1% | 11 | 3% |
| - 18 Years Old | 6 | 2% | 7 | 2% |
| - 19 Years Old | 12 | 5% | 7 | 2% |
| - Age 20-24 | 63 | 24% | 130 | 31% |
| - Age 25-29 | 76 | 29% | 105 | 25% |
| - Age 30-34 | 46 | 18% | 78 | 18% |
| - Older than 34 | 55 | 21% | 88 | 21% |

| Race | Closed | % | Retained | % |
|---|--------|-----|----------|-----|
| -White | 68 | 26% | 95 | 22% |
| - Black or African American | 143 | 55% | 253 | 59% |
| - American Indian or Alaskan Native | 0 | 0% | 0 | 0% |
| - Asian | 0 | 0% | 0 | 0% |
| - Native Hawaiian or Other Pacific Islander | 0 | 0% | 1 | 0% |
| - Multi/Bi-Racial | 22 | 8% | 42 | 10% |
| - Other | 28 | 11% | 34 | 8% |
| - None Selected | 0 | 0% | 0 | 0% |

| Marital Status | Closed | % | Retained | % |
|-----------------|--------|-----|----------|-----|
| - Never Married | 180 | 69% | 285 | 67% |
| - Divorced | 3 | 1% | 17 | 4% |
| - Widowed | 2 | 1% | 0 | 0% |
| - Separated | 6 | 2% | 12 | 3% |
| - Now Married | 44 | 17% | 92 | 22% |
| - Cohabitation | 25 | 10% | 20 | 5% |
| - None Selected | 1 | 0% | 1 | 0% |

| Education Level | Closed | % | Retained | % |
|-----------------------------|--------|-----|----------|-----|
| - Grade 1 | 3 | 1% | 2 | 1% |
| - Grade 2 | 2 | 1% | 1 | 0% |
| - Grade 3 | 4 | 2% | 5 | 1% |
| - Grade 4 | 1 | 0% | 2 | 0% |
| - Grade 5 | 1 | 0% | 10 | 2% |
| - Grade 6 | 16 | 6% | 17 | 4% |
| - Grade 7 | 4 | 2% | 5 | 1% |
| - Grade 8 | 11 | 4% | 13 | 3% |
| - Grade 9 | 16 | 6% | 37 | 9% |
| - Grade 10 | 21 | 8% | 39 | 9% |
| - Grade 11 | 30 | 11% | 57 | 13% |
| - Grade 12 (HS Diploma) | 77 | 30% | 130 | 31% |
| - Grade 12 (HS Certificate) | 7 | 3% | 25 | 6% |
| - Grade 12 (GED) | 6 | 2% | 17 | 4% |
| - Vocational High School | 1 | 0% | 0 | 0% |
| - Vocational College | 24 | 9% | 6 | 1% |
| - College 1 Yr | 14 | 5% | 10 | 2% |
| - College 2 Yr | 6 | 2% | 16 | 4% |
| - College 3 Yr | 2 | 1% | 9 | 2% |

| | | | | |
|-------------------------|---|----|---|----|
| - College 4 Yr | 2 | 1% | 2 | 1% |
| - College 5 or More Yrs | 0 | 0% | 2 | 1% |
| - Associate's Degree | 2 | 1% | 5 | 1% |
| - Bachelor's Degree | 5 | 2% | 9 | 2% |
| - Master's Degree | 1 | 0% | 2 | 0% |
| - Doctorate Degree | 0 | 0% | 0 | 0% |
| - No Education | 5 | 2% | 4 | 1% |
| - None Selected | 0 | 0% | 1 | 0% |
| Total: 261 | | | | |

3. D. 2B PROGRAMMATIC FACTORS

Healthy Families Broward explored the programmatic factors of those closed families. The following factors were explored:

- Length of time in program
- Types of due diligence
- Number of FSW's assigned over time

Length of time in program

The highest percentages of families closing are on Level 1 as shown on the table below. Level 1 is the most intensive level of the program and some families start to disengage while on this level. Families become less interested and committed during this time than any other. Some families may feel that their basic needs (e.g., rent/food assistance) take priority over the content and education that is being delivered by the FSWs. Although the FSWs do supply referrals to outside agencies, the process of acceptance into rental assistance programs, housing, child care, etc. have a waiting period to be resolved.

| Program Level @Closure | Number | % |
|------------------------|--------|-----|
| - LEVEL I | 80 | 31% |
| - LEVEL I-P | 12 | 5% |
| - LEVEL I-SS | 4 | 2% |
| - LEVEL II | 17 | 7% |
| - LEVEL III | 17 | 7% |
| - LEVEL IV | 90 | 34% |
| - LEVEL X | 31 | 12% |
| - LEVEL I-E | 4 | 2% |
| - None Selected | 0 | 0% |

Type of Due Diligence

Families are placed on Level X after 4 consecutive weekly attempts. The ways that families on Level X are being reached is through home attempts and phone calls. This limits the amount of ways that

the families are able to be reached. The use of another contact source is usually not obtained or used. This in turns makes it more challenging to reach families that have gone missing or unable to contact.

Number of FSW’s assigned over time

FSW’s build rapport with the families they serve throughout time. During this time, families share personal information and in the process build a strong relationship with their FSW who visits them weekly. When an FSW leaves and families are assigned a new FSW it causes participants to close up and even disengage due to not wanting another person in their home. This then leads to the refusal of the new FSW.

3. D. 2c SOCIAL FACTORS

Healthy Families Broward explored the social factors of those closed families. The following factors were explored:

- Working or in school
- Living with others
- Legal Status/MOOSA

Working or in school

MOB’s obtaining employment and/or going to school plays a role in the rate of retention. Even though FSW’s offer alternative times and days for home visits, MOB’s work schedules change each week making it difficult for the FSW and MOB to coordinate a home visit. Due to the issues with scheduling MOB’s choose to not continue with the program as scheduling becomes too irregular for them.

Living with others

In reviewing the information, families that were living with others (i.e. family members, friends) were unable to continue the program because of the families they moved in with not wanting the services to be conducted within their homes. They were unwilling to have unfamiliar people coming in and out of the home conducting services.

| Living Situation | Closed | % | Retained | % |
|------------------------|--------|-----|----------|-----|
| - Unknown | 0 | 0% | 1 | 0% |
| - Homeless | 4 | 1% | 3 | 1% |
| - Living With Others | 89 | 31% | 134 | 31% |
| - Group Home | 1 | 0% | 0 | 0% |
| - Homeowner | 22 | 8% | 23 | 5% |
| - Renting | 164 | 57% | 326 | 77% |
| - Subsidized Housing | 4 | 1% | 16 | 4% |
| - Other Public Housing | 2 | 1% | 4 | 1% |
| - None Selected | 0 | 0% | 0 | 0% |

Legal Status / MOOSA

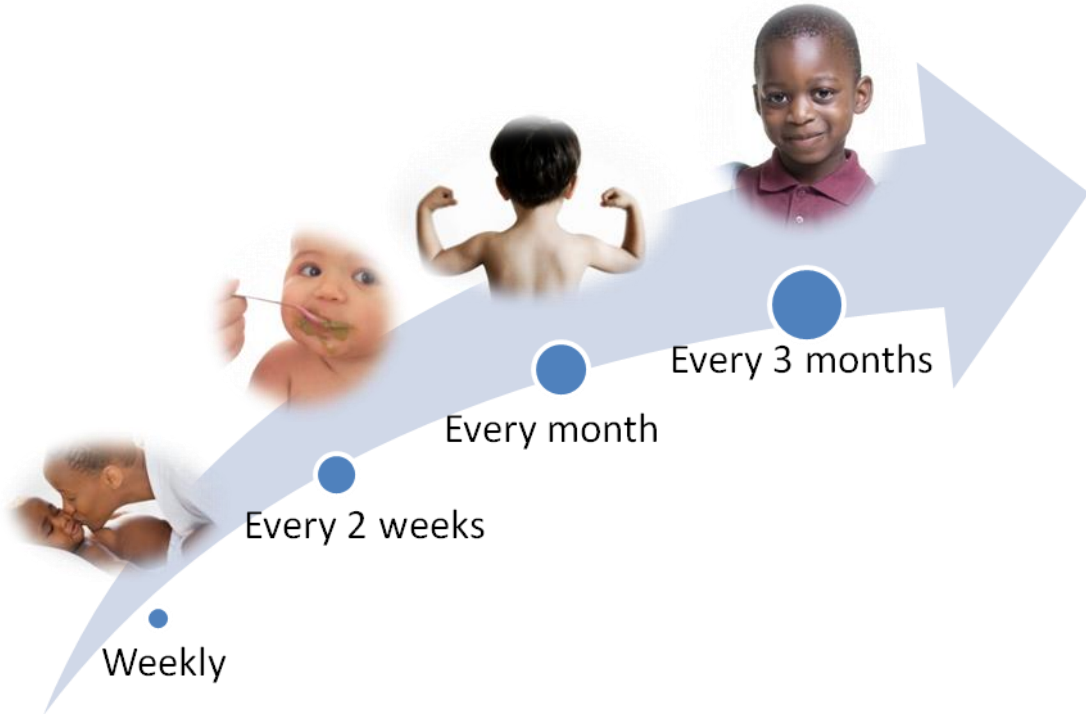
Participants who are not here in Broward County legally, and are in the program may not complete the program because they have moved out of the area. This may be due to MOB and/or FOB having to leave for work purposes in another area, or moving back to their home country because they are unable to obtain jobs locally.

3.E PLAN TO INCREASE PROGRAM RETENTION RATE

HFB plans to implement the following to increase retention of participants:

- FAWs' and FAW's will assist with engaging families that have not been available for the initial home visit.
- During the initial home visit, a fun GGK activity will be completed in order to engage families.
- FSWS will call participants immediately after enrollment in order to welcome them to the program provide the participant with the FSWS phone number and inform them that they can contact the supervisor if any issues or concerns were to arise.
- FSWS will call a family that has been missing home visits to try and re-engage them.
- Ensure FSW's are completing required activities (example GGK & FSU Curriculum for those not trained yet in GGK).
- FSW's will increased efforts to include others in the home in the visits.
- FSWS will shadow more frequently and without notice.
- Supervisors will continue to conduct quarterly quality assurance telephone calls.
- Reminder letters will be mailed by FSWS to families prior and during level x status.
- During supervision, FSWS will call those participants who have missed more than 2 HV's and seem to be dis-engaging.
- Assist FSW's to inform families that HFB works as a team and other FSW's can provide visits to them when their regular FSW is out on sick or annual leave.
- FSWS will work with new FSW's in how to approach a family that may have some resistance to a new worker.
- FSWS and FSW's will continue to utilize the Level X form which was chosen as a best practice, for those participants on Level X.
- FSWS will conduct drop by's to those participants on Level X.
- FSW's will continue to offer flexible days/times for home visits.
- FAW's and FSW's will try to obtain at least 3 different family/friends contact information of MOB.
- FSW's will get permission from participant by having a release of information to WIC and doctor's office signed in order to contact them in case MOB is placed on level X.
- Training on effective outreach strategies for staff will be developed.
- Train staff on importance of providing engaging activities for participants.
- Training on effective strategies to re-engage families will be conducted.
- During unit meetings, FSW's with a high retention rate will share their wisdom and techniques in how they continuously keep their clients.
- All Staff's now focus on education and trainings in order to continue to promote Prevention of Child Abuse and increase the staff's skills.
- Provide training to FSW's and FAW's on how to effectively introduce the program.

- FAW's and FSW's will continue to use the introductory binder during assessment and initial home visits.
- At the end of the initial home visit FSW's and MOB shall discuss setting a regular time and/or day for home visits.
- During supervision, FSWS will ask and document the next home visit.
- At the beginning of the week, FSW's will provide a copy of their weekly schedules to FSWS prior to completing home visits.
- FSWS will review and approve FSW's weekly home visit schedule after assuring all Level 1's will be visited.
- At the beginning of each quarter, FSWS and FSW will review the home visit completion outcome and discuss strategies in order to meet the required home visits per leveling system.
- When families move out of service area, but within Broward County, HFB will attempt to continue home visits after reviewing MOB's level and distance a FSW will travel in order to ensure continuation of home visits.
- HFB will transfer those families who have moved, if MOB is in agreement, to another HFB site in order for home visits to continue.



4. HOME VISIT COMPLETION

4.A. HOME VISIT COMPLETION RATE: SUCCESSES AND CHALLENGES

The program defines the home visitation rate as the number of visits the participant should receive for a specific level. The rate is calculated by dividing the **Days On Level (A)**, which is the number of days the participant stayed on a given level (**Level End** minus **Level Start**) within the reporting period, by the **Minimum Days (B)**, the number of days required for receiving one home visit for a specific level defined for that level. The home visit completion rate refers to the percentage of families receiving at least 75 percent of their required visits according to their level. The home visitation rate remained the same at 79% for both 11-12 and 12-13 fiscal years.

HOME VISIT COMPLETION RATE FISCAL YEAR: 7/1/12-6/30/13

| FSW's Name | Hire Date | HV Completion Rate |
|-----------------------|------------|--------------------|
| SITE 1 | | 72% |
| FIGUEROA, MAYDA | 5/16/2008 | 79% |
| LA CRAS, ANA | 4/13/2009 | 70% |
| SMALL, KODESHA | 05/15/2012 | 61% |
| THOMPSON, TANYA-LEE | 06/11/2012 | 67% |
| SITE 3 | | 80% |
| BERMUDEZ, SANDRA | 11/26/2007 | 78% |
| BROWN, BARBARA | 7/6/2007 | 75% |
| LAZARRE, CHRISTINA | 10/01/2012 | 75% |
| MARTIN, CHIARA*** | 11/13/2012 | 50% |
| NORIEGA, ANN MITCHEL | 9/28/2009 | 50% |
| PIERRE, MARIE | 8/1/2006 | 92% |
| ROMERO, SANDRA | 3/13/2009 | 97% |
| SITE 4 | | 86% |
| BOYNTON, VONCE | 8/17/2009 | 93% |
| GUZMAN, RITA | 02/13/2013 | 80% |
| HUERTAS, MARIA | 7/18/2011 | 92% |
| HURTADO, DIANA | 12/11/2012 | 100% |
| LANCHEROS, BIBIANA | 9/28/2009 | 85% |
| MATHURIN, OLGA*** | 03/11/2013 | 89% |
| REYES, JANET | 12/19/2012 | 100% |
| STARLIN, LASONYA | 10/01/2012 | 65% |
| SITE 5 | | 78% |
| BENJAMIN, TERRY | 3/10/2009 | 78% |
| JARAMILLO, MERLY | 1/8/2010 | 88% |
| JOSEPH-CASIMIR, MARIE | 10/24/2011 | 71% |
| PIERRE-LOUIS, DARBY | 01/09/13 | 75% |
| REYES, ELENA | 02/08/13 | 50% |
| SITE 6 | | 81% |
| PENADES, MARIA*** | 01/14/2013 | 50% |
| PIERRE, MIGUELLAILE | 11/10/2010 | 70% |
| STURRUP, DOROTHY | 2/6/2006 | 91% |
| VALENCIA, DIANA | 9/9/2011 | 82% |

HOME VISIT COMPLETION RATE FISCAL YEAR: 7/1/11-6/30/12

| FSW's Name | Hire Date | HV Completion Rate |
|-----------------------|------------|--------------------|
| SITE 1 | | 77% |
| CARROLL, DEBRA | 4/6/2009 | 50% |
| FIGUEROA, MAYDA | 5/16/2008 | 86% |
| LA CRAS, ANA | 4/13/2009 | 72% |
| PASCHALL, ANGEL | 4/6/2009 | 100% |
| SMALL, KODESHA | 05/15/2012 | 63% |
| THOMPSON, TANYA-LEE | 06/11/2012 | 80% |
| SITE 3 | | 83% |
| BERMUDEZ, SANDRA | 11/26/2007 | 91% |
| BROWN, BARBARA | 7/6/2007 | 76% |
| NORIEGA, ANN MITCHEL | 9/28/2009 | 50% |
| PIERRE, MARIE | 8/1/2006 | 77% |
| ROMERO, SANDRA | 3/13/2009 | 93% |
| SITE 4 | | 77% |
| BOYNTON, VONCE | 8/17/2009 | 73% |
| HUERTAS, MARIA | 7/18/2011 | 84% |
| LANCHEROS, BIBIANA | 9/28/2009 | 76% |
| LAZARRE, CHRISTINA | 05/17/2010 | 50% |
| SITE 5 | | 71% |
| BENJAMIN, TERRY | 3/10/2009 | 84% |
| DOLEO, ELIDEGNYY | 08/15/2011 | 100% |
| JARAMILLO, MERLY | 1/8/2010 | 89% |
| JOSEPH-CASIMIR, MARIE | 10/24/2011 | 55% |
| SITE 6 | | 85% |
| PIERRE, MIGUELLAILE | 11/10/2010 | 64% |
| STURRUP, DOROTHY | 2/6/2006 | 87% |
| VALENCIA, DIANA | 9/9/2011 | 86% |

Note: ***NA- These FSW's were not hired during the fiscal years discussed. Home visits completed by previous FSW's show up as having been done by current FSW assigned to the site and the families.

4.B. PLAN TO INCREASE HOME VISIT COMPLETION RATE

Most of the Healthy Families Broward sites have met or exceeded the Home Visitation Completion Rate. Below are the strategies that have been implemented since the last BSR in order to increase the home visitation completion rate.

FSWS's continue to pre-approve FSW's weekly home visit schedules to ensure that the participants are being visited according to the required intervals per the leveling system. The program continues to use the home visit tracking form; however, changes have been made in order to better

track the home visits needed within the quarter. A column has been added on the form to list the number home visits left to complete for each participant within the quarter. This is updated at the beginning of each month. This form assists both the FSWS and FSW to track both the completed and attempted home visits for the month in order to meet the home visit completion outcome.

FSW's continue to provide participants a monthly calendar at the beginning of each month. The family uses the calendar to write down the next scheduled home visit as well as any other important appointments (examples: WIC, pediatrician, dentist, etc.) they may have in the near future. FSW's continue to encourage MOB's to place the calendar in an accessible and visible area.

During supervisors' meetings, each FSW's caseload report as well as their home visit completion rate is reviewed and monitored. At the end of the month, FSWS and FSW discuss the home visit tracking form for those participants that have not been seen at the required interval. During this time, FSWS and FSW discuss different strategies in order to re-engage the participant. FSWS document the reasons the participant was not seen on the supervision note.

Once a month, FSWS and FSW discuss MOB's progress towards level change in order to identify any challenges in the home visit completion rate.

Some FSW's are trying to avoid scheduling any Level 1 HV's on Fridays (unless MOB can only have the visit take place on Fridays) in case there is a cancellation and so that HV for the week was not completed. These FSW's attempt to use Fridays as a "makeup" day for any participant they may have not been able to see earlier in the week.



5. CULTURAL REVIEW

5.A. CULTURAL CHARACTERISTICS

Fiscal Year: 2012-2013

| Race | Participant | % | Staff | % |
|---|-------------|-----|-------|-----|
| - White | 163 | 24% | 12 | 33% |
| - Black | 396 | 58% | 20 | 56% |
| - American Indian or Alaskan Native | 0 | 0% | 0 | 0% |
| - Asian | 0 | 0% | 0 | 0% |
| - Native Hawaiian or other Pacific Islander | 1 | 0% | 0 | 0% |
| - Multi/Bi-Racial | 64 | 9% | 1 | 3% |
| - Other | 62 | 9% | 3 | 8% |
| - None Selected | 0 | 0% | 0 | 0% |
| Language Spoken | | | | |
| - English | 347 | 51% | 85 | 96% |
| - Spanish | 240 | 35% | 33 | 37% |
| - Creole | 77 | 11% | 14 | 16% |
| - Other | 22 | 3% | 0 | 0% |
| - None Selected | 1 | 0% | 4 | 4% |

| Is Participant of Hispanic, Latino, or Spanish Origin? | Participant | % | Staff | % |
|--|-------------|-----|-------|-----|
| - Yes | 268 | 39% | 11 | 31% |
| - No | 418 | 61% | 25 | 69% |

Spanish speakers among both the service and target populations are most closely aligned. However, there are significant differences to be noted when comparing the service population with the target population: Whites account for 42% of the target population (source: fact finder) but only 24% of the service population. Blacks account for 37% of the target population but account for 58% of the service population. Nevertheless, the program ensures that participating families are assigned an FSW who shares their linguistic, racial and cultural background (unless the participant requests differently) which increases effective communication and delivery of services.

COMMUNITY PARTNERS

Healthy Families Broward has formal agreements with and receives referrals from Memorial Healthcare System, Holy Cross Hospital, Broward Health, Plantation General Hospital, Kids in Distress, Teen Collaborative, The Starting Place, Family Central, Jack and Jill Children's Center, Women In Distress, and Broward County Healthy Start Coalition. These agreements facilitate collaboration, exchange of referrals, and avoid duplication.

In addition to the formal agreements, informal networking occurs with the following agencies: Women Infant and Children (WIC), Children's Home Society's Pregnancy/Parent Support Program, teen parenting centers, the Department of Children and Families, Florida KidCare, hospital based prenatal clinics throughout Broward County.

Additionally referrals are provided to participants according to their culture, primary language and immigration status. For Hispanic participants FSW's refer clients to Hispanic Unity, Respect Life, and Light of the World Clinic for emergency services, immigration and employment. For Haitian participants FSW's refer clients to Catholic Charities, Dare to Care, and Legal Aid for immigration and emergency assistance services. When necessary, FSW's assist participant with translation at medical appointments and social services interviews.

5.B. 1A. REVIEW OF MATERIALS: ASSESSMENT AND HOME VISIT MATERIALS

A review of the Assessment and home visitation materials showed that Healthy Families Broward makes considerable efforts to provide participants with materials that reflect the culture of those we served. Our materials (GGK, Educational Brochures, Workbooks, and booklets) present images of individuals from various ethnicities: Caucasian, African-American, Caribbean, and Hispanic/Latino. Healthy Families Broward also makes sure to obtain educational materials and brochures in English, Spanish and Haitian Creole. The Program Manager has assisted in Haitian Creole translations as needed. Finally, the Child Development Specialist/Trainer conducts a review of all new materials to ensure easy readability. The introduction binder that is used by the Assessment and Home Visiting teams is presented with numerous images and short concise sentences to convey simple messages.

5.B. 1B. REVIEW OF MATERIALS: PARTICIPANT FEEDBACK

In the last Participant Satisfaction Survey:

- 67.5% of the respondents strongly agreed and 25.5% agreed with the statement that "my home visitor uses materials that have pictures that look like my family and me."
- 91.5% of the respondents strongly agreed and 8.1% agreed with the statement that "My home visitor talks with me in a language I understand or has an interpreter to help."
- 92.0% of the respondents strongly agreed and 8.0% agreed with the statement that "My home visitor understands and respects my culture."

5.B. 1C. REVIEW OF MATERIALS: STAFF FEEDBACK

On an annual basis, Healthy Families Broward surveys the staff in regards to the cultural competence of the program. The staff receives a thirty-three item questionnaire with the following categories: organizational development, program management and operations, outreach and community involvement, service delivery, and overall program competence. 94.4% of Healthy Families Broward staff agreed or strongly agreed that the agency's printed materials (brochures, flyers, pamphlets, etc.) reflect and affirm the various cultural backgrounds of the community served.

5.B.2A REVIEW OF TRAINING

Trainings are held yearly which address the major issues when working with families within our program. The following are some of the issues covered by the trainings provided to staff: family planning, discipline, parent-child interaction, purpose of support plans, solution focus problem solving, and mental health issues. Every new employee hired by Broward Regional Health Planning Council/Healthy Families Broward has to attend a core training specific to their job functions. Included in this training is an understanding of culture as it relates not only ethically, but demographically.

After completion of Core Training, the staff is then given a series of training specific to the skills needed to work with families they serve. These trainings are: Documentation of the home visit, Domestic Violence, Child Abuse and Neglect, Understanding Substance Abusing Families, and Working with Families with Severe Mental Health Issues. Outside trainings are also available to staff. During our quarterly All-staff Meetings, training are provided that target specific targeted community to the populations that we serve. Within the past 2 years we have had training on the following topics: Immunization, Breastfeeding, Tooth Care for Toddlers and Pregnant Women, and the role of WIC and 211 Broward in the community.

5.B.2B DESCRIPTION OF TRAINING NEEDS

In the process of completing the Bi-Annual Service Review, the following training needs have been identified:

- The Child Development Specialist will develop and provide training to the staff on how child development is viewed and interpreted by the various cultures.
- The quarterly All-Staff meetings will be utilized as a training opportunity to focus on topics related to the prevention of child abuse such as: how to make a CPS call, how to deal with the family after a CPS call was made, how to discuss the big 3 with families, how to handle challenging cases, etc...

5.B.3A CULTURAL COMPETENCE IN SERVICE DELIVERY: FAW

Families are matched with an FAW based on their cultural preference and language. Material such as brochures and pamphlets are available in three different languages. Close attention is paid to the selection of materials to ensure that picture/images are culturally sensitive and represents the

population we serve. All FAW are mandated to participate in the annual Cultural Competency Training conducted by the lead agency BRHPC.

5.B.3B CULTURAL COMPETENCE IN SERVICE DELIVERY: FSW

Families enrolled into the program are assigned an FSW who shares their linguistic, racial and cultural background (unless the participant requests differently) which increases effective communication and delivery of services. FSWS's assigns cases based on FSW's strengths and skills in order to engage participants in the program. Once the assessment is read, the following factors are taken into consideration based on the family needs: primary language, age, parenting experience, psychological history, support system and immigration status.

During services, the FSW's take into consideration a family's culture by tailoring the activities to the family's language beliefs, traditions, and values. The changes to the activities are discussed with FSWS and Child Development Specialist prior to home visit.

5.B.3C CULTURAL COMPETENCE IN SERVICE DELIVERY: SUPERVISORS

Supervisors continually evaluate the FSW's and the family's interactions during the home visits to ensure ethnic, cultural, and linguistic factors are not in conflict with the goal of the program. Supervisors provide FSW's with community resources specifically designed for families of diverse cultural background. During supervision, Supervisors and FSW's discuss discipline amongst different cultures as well as how language barriers may affect participants or discourage them from seeking specific services due to feeling intimidated.

The Supervisors also conduct telephone surveys with the participants for each of their staff. At this time they gather feedback on the materials being used and how well the FSW assigned is meeting the needs of the family. This information is shared with the FSW during supervision.

5.B.4A INTERACTION WITH FAMILIES: PARTICIPANT FEEDBACK

Each year, Healthy Families Florida conducts a participant satisfaction survey during the month of September. In 2012, a total of 250 (64% of questionnaires distributed) HFF program participants from HFB completed the satisfaction questionnaire: 100.0% stated they were satisfied with the services they have received. Below are more highlights from the survey:

As shown in the table below, 96.4% of the participants that responded to the Participant Satisfaction Survey strongly agreed and 3.2% agreed with the statement that "My home visitor treats me with courtesy and respect.

My home visitor treats me with courtesy and respect.

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---------------------|-----------------------|--------------|-----------------|--------------------------|
| Less than 6 months | 94.4% | 5.6% | 0.0% | 0.0% |
| 6 to 12 months | 98.3% | 1.7% | 0.0% | 0.0% |
| 12 to 24 months | 94.0% | 6.0% | 0.0% | 0.0% |
| 24 to 36 months | 97.1% | 2.9% | 0.0% | 0.0% |
| More than 36 months | 97.1% | 0.0% | 0.0% | 2.9% |
| Total | 96.4% | 3.2% | 0.0% | 0.4% |

As shown in the table below, 91.5% of the participants that responded to the Participant Satisfaction Survey strongly agreed and 8.1% agreed with the statement that “My home visitor talks to me in a language I understand or has an interpreter.”

My home visitor talks with me in a language I understand or has an interpreter to help.

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---------------------|----------------|-------|----------|-------------------|
| Less than 6 months | 91.7% | 8.3% | 0.0% | 0.0% |
| 6 to 12 months | 89.8% | 8.5% | 0.0% | 1.7% |
| 12 to 24 months | 89.8% | 10.2% | 0.0% | 0.0% |
| 24 to 36 months | 92.6% | 7.4% | 0.0% | 0.0% |
| More than 36 months | 94.1% | 5.9% | 0.0% | 0.0% |
| Total | 91.5% | 8.1% | 0.0% | 0.4% |

As shown in the table below, 92.0% of the participants that responded to the Participant Satisfaction Survey strongly agreed and 8% agreed with the statement that “My home visitor understands and respects my culture.”

My home visitor understands and respects my culture.

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---------------------|----------------|-------|----------|-------------------|
| Less than 6 months | 88.9% | 11.1% | 0.0% | 0.0% |
| 6 to 12 months | 93.3% | 6.7% | 0.0% | 0.0% |
| 12 to 24 months | 91.8% | 8.2% | 0.0% | 0.0% |
| 24 to 36 months | 91.2% | 8.8% | 0.0% | 0.0% |
| More than 36 months | 94.1% | 5.9% | 0.0% | 0.0% |
| Total | 92.0% | 8.0% | 0.0% | 0.0% |

5.B.4B INTERACTION WITH FAMILIES: STAFF FEEDBACK

On an annual basis, Healthy Families Broward surveys the staff in regards to the cultural competence of the program. The staff receives a thirty-three questionnaire with the following categories: organizational development, program management and operations, outreach and community involvement, service delivery, and overall program competence. Forty-two surveys were distributed and thirty-eight surveys were received. The response rate was 90.5%. Healthy Families Broward values the staff input in regards to the materials, training, service delivery, staff recruitment and hiring, and policies. The results of the most recent cultural competence survey are listed below.

STAFF ASSESSMENT OF AGENCY CULTURAL COMPETENCE

I. Organizational Environment

| | | Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree | Don't Know |
|-----|---|----------------|-------|-----------|----------|-------------------|------------|
| 1. | The agency's mission statement and policies and procedures reflect a commitment to serving families of different cultural backgrounds. | 58.3% | 38.9% | 0 | 2.8% | 0 | 0 |
| 2. | The agency's personnel policies reflect a commitment to valuing staff diversity and helping staff enhance their cultural competence. | 36.1% | 50% | 8.3% | 0 | 2.8% | 2.8% |
| 3. | The agency's printed materials (brochures, flyers, pamphlets, etc.) reflect and affirm the various cultural backgrounds of the community served. | 61.1% | 33.3% | 0 | 5.6% | 0 | 0 |
| 4. | The location, design and décor of the facility reflect and affirm the cultural backgrounds of the families served. | 27.8% | 47.2% | 11.1% | 11.1% | 0 | 2.8% |
| 5. | Advisory Committee members are interested in, and supportive of cultural diversity within Healthy Families Broward. | 41.7% | 41.7% | 11.1% | 2.8% | 0 | 2.8% |
| 6. | Administrators are interested in, and supportive of, cultural diversity within Healthy Families Broward. | 38.9% | 50% | 5.6% | 0 | 0 | 5.6% |
| 7. | Staff are interested in, and supportive of, cultural diversity within Healthy Families. | 44.4% | 50% | 2.8% | 2.8% | 0 | 0 |
| 8. | Administrators are willing to involve families and staff in decision making. | 19.8% | 52.8% | 13.9% | 8.3% | 0 | 5.6% |
| 9. | The cultural diversity among staff and Advisory Committee of the program is reflective of the diversity among the families served by Healthy Families Broward. | 47.2% | 38.9% | 2.8% | 5.6% | 0 | 5.6% |
| 10. | The cultural diversity of the families currently served by the program is reflective of the cultural diversity of the families most in need of services in the broader community. | 47.2% | 41.7% | 5.6% | 0 | 0 | 5.6% |

II. Program Management and Operations

| | | Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree | Don't Know |
|----|--|----------------|-------|-----------|----------|-------------------|------------|
| 1. | The program has and enforces policies against discrimination and harassment. | 38.9% | 58.3% | 0 | 0 | 0 | 2.8% |
| 2. | The program's recruitment, interviewing and hiring processes are supportive of building a diverse staff. | 36.1% | 55.6% | 2.8% | 0 | 0 | 5.6% |
| 3. | The program provides opportunities for leadership development and advancement for all staff including staff of different cultural backgrounds. | 27.8% | 41.7% | 13.9% | 5.6% | 0 | 11.1% |

| | | | | | | | |
|----|--|-------|-------|-------|------|------|-------|
| 4. | The program provides adequate training regarding the cultures of the families served, staff, community and the interaction among them. | 41.7% | 44.4% | 0 | 8.3% | 0 | 5.6% |
| 5. | The program addresses cultural tensions that arise within the organization and within the broader community | 33.3% | 27.8% | 13.9% | 8.3% | 2.8% | 13.9% |
| 6. | The program values and recognizes staff who suggest new culturally relevant projects or programs. | 19.4% | 38.9% | 25% | 5.6% | 0 | 11.1% |

III. Outreach and Community Involvement

| | | Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree | Don't Know |
|----|--|----------------|-------|-----------|----------|-------------------|------------|
| 1. | The program values and uses the advice of people of different cultural backgrounds. | 30.6% | 41.7% | 22.2% | 0 | 0 | 5.6% |
| 2. | The program consults families and community representatives of different cultural backgrounds in the development of new programs and services affecting their communities. | 22.2% | 58.3% | 8.3% | 0 | 2.8% | 8.3% |
| 3. | The program conducts effective community outreach in recruiting new staff and Advisory Committee Members of different cultural backgrounds. | 33.3% | 41.7% | 11.1% | 0 | 0 | 13.9% |
| 4. | The program encourages staff to attend or participate in outside cultural activities such as trainings and seasonal festivals. | 30.6% | 58.3% | 2.8% | 5.6% | 0 | 2.8% |
| 5. | The agency conducts effective outreach to families of different cultural backgrounds. | 33.3% | 66.7% | 0 | 0 | 0 | 0 |

IV. Service Delivery

| | | Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree | Don't Know |
|----|---|----------------|-------|-----------|----------|-------------------|------------|
| 1. | The program provides multi-cultural programming to complement a wide variety of cultural events. | 25% | 58.3% | 5.6% | 5.6% | 0 | 5.6% |
| 2. | The program welcomes community faith based organizations to provide additional support to the families. | 30.6% | 52.8% | 11.1% | 0 | 2.8% | 2.8% |
| 3. | The program encourages staff to draw on the expertise of people of different cultural backgrounds in providing services to families of those backgrounds, and provides a mechanism for maintaining communication. | 22.2% | 63.9% | 5.6% | 5.6% | 0 | 2.8% |

| | | | | | | | |
|----|--|-------|-------|-------|------|------|------|
| 4. | The program encourages staff to become aware of their own culture and facilitates the educational process. | 22.2% | 58.3% | 11.1% | 0 | 0 | 8.3% |
| 5. | Staff are encouraged to openly discuss cultural differences and influences with families. | 25% | 55.6% | 8.3% | 2.8% | 2.8% | 5.6% |
| 6. | The program encourages families to examine their own cultures and the cultures of their peers, and to develop their own appreciation of diversity. | 27.8% | 55.6% | 5.6% | 2.8% | 2.8% | 5.6% |
| 7. | Staff understand and respects the communication and other behavioral implications of different families' culture. | 41.7% | 58.3% | 0 | 0 | 0 | 0 |
| 8. | The program considers the cultural implications of various options in making decisions regarding services and families. | 27.8% | 58.3% | 5.6% | 0 | 2.8% | 5.6% |
| 9. | The program values family feedback on its services and its cultural competence. | 36.1% | 52.8% | 2.8% | 2.8% | 0 | 5.6% |

V. Overall Program Competence

The five most important and diversity-related issues currently facing the program.

1. Limited Resources
2. Language barriers (Creole and Portuguese)
3. The need for ongoing up to date materials in various languages (especially in Creole)
4. Literacy of the clients being served
5. Taking part in Culture Events within the community

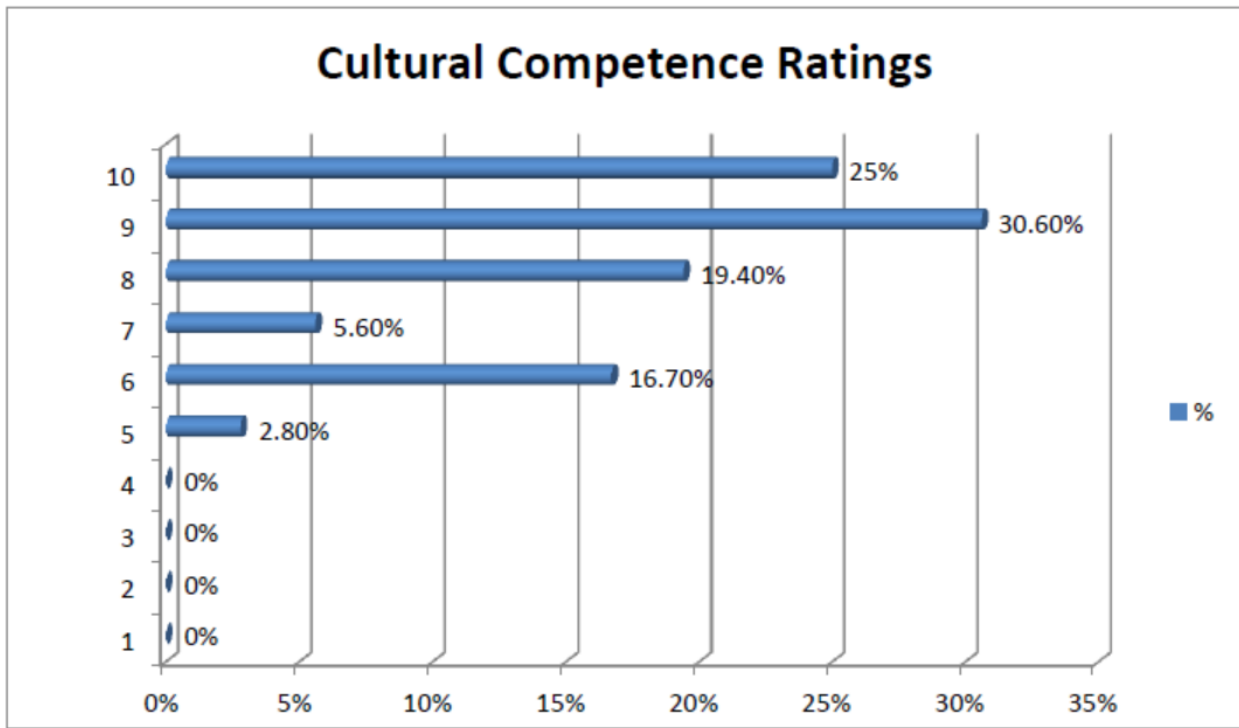
Strategies to address these challenges include:

1. The program will continue to look for community resources and will keep staff updated on the availability of these resources.
2. Program will continue to employ staff from various cultural backgrounds.
3. The Child Development Specialist will continue to look for resources that are representative of all cultures.
4. Encourage staff to continuously develop their professionalism by offering trainings that enhance their job skills.
5. The program will share information pertaining to culturally related events within the community.

Three steps the program could take to enhance its cultural competence.

1. Offer trainings that promote cultural awareness and understanding.
2. Create more accessibility for staff to use resources that are representative of the cultures that they serve.
3. Offer staff opportunities to share the difficulties with dealing with diverse populations.

Overall, on a scale of one to ten (ten being the highest or most competent), rate the current cultural competence of the program.



As shown in the graph above, 75% of staff rated the current cultural competence of the program as an 8 or above on a scale of one to ten (ten being the highest or most competent).

5.B.5 FEEDBACK FROM ADVISORY BOARD

Program Outcomes from the BSR was presented to the HFB Advisory Council meeting on November 14, 2013. The members were impressed with the efforts of the program in tracking its outcomes. The Council offered feedback on ways to increase acceptance rates and commended the program for its efforts to avoid duplication of other home visitation models that exist in the County. In addition, the members did recognize the limited resources and hardships clients are facing, such as limited transportation and inadequate income. A member from Kiwanis, delivered diaper donations to the program. They also supported and encouraged collaboration with the Broward County Public School system to offer the program to teen mothers.

The members were also impressed with the child maltreatment outcomes during service delivery and after program completion.

Healthy Families Broward plans to share the full BSR with the Advisory Board once it has been approved.



6. STAFF RETENTION

6.A. STAFF LONGEVITY

In reviewing the staff retention (2011-2013) it was noted that 35% of the staff were employed with HFB for less than one year, 17% were employed for one year, 10% were employed for two years, 7% employed for three years, 6% employed for four years, and 19% employed for 5+ years.

| Position | Years of Employment | | | | | |
|-----------------|---------------------|--------|---------|---------|---------|-----------|
| | less than 1 year | 1 year | 2 years | 3 years | 4 years | 5 years + |
| FAW | 4 | 3 | 1 | | | 5 |
| FSW | 19 | 8 | 3 | 6 | 1 | 8 |
| FAWS | | | | 1 | 1 | |
| FSWS | 1 | 3 | 1 | 1 | | 1 |
| PSA | 2 | 1 | 2 | | 2 | 2 |
| APM | | | | | 1 | 1 |
| PM | | | | | 1 | |
| Adm. Asst. | | 1 | | | | |
| CDS | | | 2 | | | |
| Fam. Specialist | | 1 | | | | |
| FAW Floater | 5 | 2 | 2 | | | |
| FSW Floater | 7 | 1 | | | | 1 |
| Other | 6 | 1 | 1 | 1 | 1 | 5 |

6.B. STAFF TURNOVER

HFB had a staff turnover rate of 25% in 2011-2013. The table below lists the reasons by position. The main reasons for staff turnover were budget cuts and left job for better pay both at 17%. The second highest reasons for staff turnover were employment terminated and accepted another position within the organization (non HFF) both at 13%.

| Reason | # | FAW | FSW | FAWS | FSWS | FAW Floater | FSW Floater | PSA | APM | Other | % |
|---|---|-----|-----|------|------|-------------|-------------|-----|-----|-------|-----|
| Employment Terminated | 7 | 1 | 5 | | | | 1 | | | | 13% |
| Left to pursue educational goals | 4 | 1 | 3 | | | | | | | | 8% |
| Accepted promotion within HFF | 2 | | | | | 2 | | | | | 4% |
| Left due to relocation or moved from Area | 2 | | 2 | | | | | | | | 4% |
| Left for personal reasons | 4 | | 4 | | | | | | | | 8% |
| Accepted another position within the organization (non HFF) | 7 | | 1 | 1 | 2 | 1 | 1 | 1 | | | 13% |
| Left for job with better pay | 9 | 3 | 4 | | 1 | | | | 1 | | 17% |
| Retirement | 2 | | | | | | 1 | 1 | | | 4% |
| Reassigned within HFF | 1 | | | | | | | 1 | | | 2% |
| Budget Cuts | 9 | 3 | | | | 5 | 1 | | | | 17% |
| Health related issues | 3 | | 2 | | | | 1 | | | | 6% |
| Left due to job stress | 1 | | 1 | | | | | | | | 2% |
| Other | 2 | | | | | 1 | | | | 1 | 4% |

6.C. PLAN FOR INCREASING STAFF RETENTION

The program is providing more opportunities for staff recognition during monthly and quarterly all staff meetings. There is staff involvement in event planning. The agency is now giving structured bonuses, staff appreciation luncheons, and staff birthday acknowledgements.

The program continues to conduct two separate panel interviews in order to improve the selection of quality staff. The second panel interview includes the Program Manager and/or the APM and current staff in the position. A third separate panel interview is conducted if it is a supervisory position which includes the CEO of the lead agency. The FAW and FSW interview questions were revised in order to improve the quality of questions. The interview questions include "what if" scenarios. The candidates are also required to complete two skill tests.

The Child Development Specialist continues to provide support to the FSW by providing materials, resources, and information on topics relevant to the participants that the program serves. The Child Development Specialist also accompanies the FSW's on home visits when there is a delay in one of the domains in the ASQ's.



April 1, 2014

Carol McNally
Executive Director
Healthy Families Florida
Ounce of Prevention Fund of Florida
111 N. Gadsden Street, Suite 100
Tallahassee, FL 32301

Dear Ms. McNally:

On behalf of Healthy Families America, a program of Prevent Child Abuse America, I am writing to congratulate you on the re-accreditation of the Healthy Families Florida (HFF) multi-site system. **This includes accreditation of all local HFF affiliated sites** and the state's central administrative office that is housed at the Ounce of Prevention Fund of Florida. Your re-accredited status is in now effect through June 30, 2019.

As an accredited HFA state system, your program is regarded as a program of high quality consistent with the standards of best practice established by Healthy Families America (HFA), and has demonstrated fidelity to the HFA model.

Prevent Child Abuse America is proud to acknowledge you as an outstanding provider of Healthy Families America home visiting services.

Sincerely,

A handwritten signature in blue ink that reads "Kathleen Strader". The signature is written in a cursive style with a large, looping initial "K".

Kathleen Strader, MSW, IMH-E® (IV)
National Director, Quality Assurance and Accreditation
Healthy Families America National Office
Prevent Child Abuse America
228 S. Wabash Avenue, 10th Floor
Chicago, IL 60604



Venice of America

10/27/2013

Michael DeLucca
Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100
Hollywood, FL 33020

SUBJECT: On-Site Sub-Recipient Monitoring Review of Housing Opportunities for Persons with HIV/AIDS (HOPWA) Short Term Utilities and Mortgage (STRMU), Permanent Housing Placement (PHP) and Tenant Based Rental Voucher (TBRV) Fiscal Year 2012/2013.

Dear Mr. DeLucca:

On September 18 and 19, 2013, the City conducted its annual monitoring of the HOPWA funded STRMU, PHP and TBRV programs administered by your agency to determine compliance with 24 CFR 574.500(a) and applicable Housing and Urban Development (HUD) laws, regulations, and BRHPC's capacity to carry out this program.

During the monitoring visit, the City met with Mia M^cNerney, Director of Finance and Contracts, Pablo Calvo, Quality Assurance Manager, and Rachel Williams, Quality Assurance and Skills Manager. The City reviewed 14-STRMU, 14-PHP, 15-TBRV and 3-TBRV termination client case files. Additional files reviewed included financial, maintenance, payroll, various policy and procedures and time and effort reports.

The on-site sub-recipient monitoring review, along with the Provide Enterprise (PE) desk audits, resulted in (0) findings and (0) concerns. A finding is a violation of the Federal Regulations and must be adequately addressed with documentation.

At the conclusion of the annual monitoring, I discussed with your staff the results of the monitoring visit. BRHPC established internal fiscal and programmatic controls enabled the agency to correct compliance issues as they occurred.

I strongly encouraged that BRHPC put in place a mechanism that requires clients to sign off on the established due process/grievance/termination policy for HOPWA funded programs. This ensures clients entering the program understand their rights.

Thank you for the courtesies extended to our office during the review process. We appreciate your staff's cooperation and assistance. If you have any questions relating to the review, please feel free to contact me at (954) 828-4775 or via e-mail at mariod@fortlauderdale.gov.

Sincerely,

Mario DeSantis

Mario DeSantis M.A.Ed.,CPM | Housing Administrator for Special Needs Population
Housing and Community Development
City of Fort Lauderdale | Department of Sustainable Development
700 NW 19 Avenue
Fort Lauderdale FL 33311
P 954-828-4775 | F 954-847 700
mariod@fortlauderdale.gov

**TBRV Collaborative Agreement
Broward House and Broward Regional Health Planning Council**

Broward House and Broward Regional Health Planning Council have collaboratively agreed to operate the HOPWA Voucher Program on an equal basis during a new contract period (10/1/15 – 9/30/16) and to include any contract extensions made from the initial one year term.

Broward House and Broward Regional Health Planning Council have each effectively operated the HOPWA Tenant Based Rental Voucher Program since 2012 in a split arrangement with each agency operating half of the total program, we mutually pledge to continue this arrangement to the benefit of the tenants in the Voucher program and both agencies managing the program.

Specifically, each agency agrees to accept one half of the total amount of funding available to TBRV during 2015-2016. Each agency agrees to accept one half of the total amount earmarked for Client Subsidy and one half of the amount available for Operations/Administration:

Client Subsidy:

| | |
|---|-------------|
| Amount Allocated: | \$2,300,000 |
| Broward House Request: | \$1,150,000 |
| Broward Regional Health Planning Council Request: | \$1,150,000 |

Operations / Administration

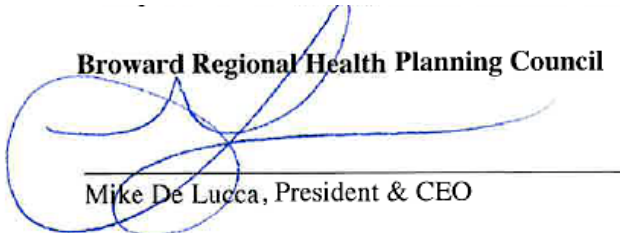
| | |
|---|------------|
| Amount Allocated: | \$ 439,030 |
| Broward House Request: | \$ 219,515 |
| Broward Regional Health Planning Council Request: | \$ 219,515 |

Agreement on the Number of Vouchers / Cost of Vouchers

Since the individual cost to an agency for the Client Subsidy portion varies with the specific situations surrounding each voucher (size of unit rented, number of persons in the household, utility allowance per unit, amount of client income determining the client portion of the rent, etc), both agencies agree to equalize the amount or number of vouchers based on the subsidy portion rather than on the number of vouchers. Ideally each agency would support 130 vouchers each, that would bring the total client subsidy to \$1,150,000 each. Currently, the number of vouchers is balanced, but the total client subsidy portion is not balanced between the two agencies.

Thus, both agencies agree to rebalance the number of vouchers based on an equalization of the total subsidy amount, rather than on the individual number of vouchers assigned to each agency. Under this scenario, one agency may end up with a greater number of vouchers than the other agency, but both agencies would have a near equal amount of client subsidy payments. Both agencies pledge to work with the HOPWA Administrator to accomplish this task, and to ensure that no tenant is adversely affected by any transfer of vouchers. Both agencies agree to have the rebalance completed prior to 10/1/15, the start date of the new contract period and to maintain the equilibrium of voucher subsidy amounts throughout the contract period.

Broward Regional Health Planning Council



Mike De Lucca, President & CEO

Date Signed: May 11, 2015

Broward House, Inc.



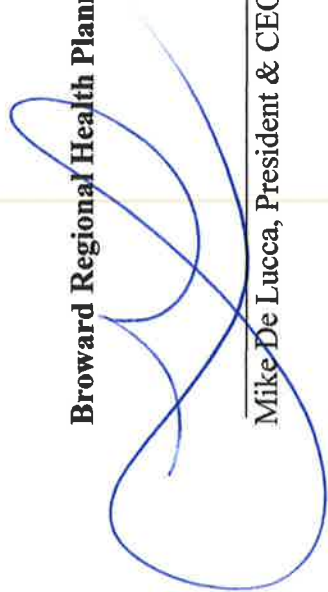
Stacy Hyde, President & CEO

Date Signed: May 11, 2015

| Issue | Points of Agreement |
|--|---|
| <p>Purpose/Statement of Agreement</p> <p>Collaborative Effort Goals</p> <p>Agency Descriptions</p> <p>Full Name/Address of Each Agency</p> | <p>Broward House Inc. and Broward Regional Health Planning Council, Inc. are pleased to enter into a collaborative agreement to provide services to individuals living in Broward County.</p> <p>Goal: This agreement is initiated with the intent that the expertise of each agency will be combined to benefit those seeking services in order to ensure a high level of service delivery and continuum of care.</p> <p>Broward House, Inc. is a private, nonprofit service organization located in Ft. Lauderdale, FL with several service and housing locations. Established in 1988, this multifaceted agency provides housing, Behavioral Health and supportive services to individuals with and at risk for HIV/AIDS and other health issues.</p> <p>Broward Regional Health Planning Council is committed to delivering health and human service innovations at the national, state and local level through planning, direct services, evaluation and organizational capacity building.</p> <p>Broward House, Inc. 1726 SE 3rd Ave, Fort Lauderdale, FL 33316 954-522-4749</p> <p>Broward Regional Health Planning Council 200 Oakwood Lane, Suite 100, Hollywood, FL 33020 954-561-9681</p> |
| <p>Statement of the goods and services that each collaborating agency is willing to exchange.</p> | <p>Broward House Case Management Substance Abuse Treatment Mental Health Counseling HIV and Substance Abuse Prevention HIV Counseling, Testing, and Referral HIV Awareness and Risk Reduction Education Access and Adherence to medical care/treatment Tenant Based Rental Voucher Program Independent housing Supportive transitional housing (Ft Lauderdale ALF) Homeless Respite Care</p> <p>Broward Regional Health Planning Council ACA Navigator Program ADAP Premium Plus AIDS Insurance Continuation Program Centralized Intake & Eligibility Determination Certified Application Counselor Program Competency Restoration/CIT Health Insurance Continuation Program Housing Stability Program SAMH Peer Specialist Certification Training Permanent Housing Placement Short Term Rent Mortgage and Utility Tenant Based Rental Voucher Program TOUCH/PITCH Supportive Services for Veteran Families</p> |

| Issue | Points of Agreement |
|---|--|
| Contact Persons | <p>Broward House Phone: (954) 522-4749/FAX: (954) 522-9357 Tomas Soto, COO ext. 1211 Client Services Director ext. 2202 Residential and Behavioral Health Services ext. 3234</p> <p>Broward Regional Health Planning Council Phone: (954) 561-9681/ FAX (954) 561-9685 Michele Rosiere, Division Director ext. 1247 Natasha Markman, Program Manager ext. 1203</p> |
| Statement of Responsibilities Related To Confidentiality | <p>Each agency's policies and procedures regarding confidentiality will be applicable to the other for the purpose of this agreement. By virtue of this agreement both parties agree to uphold the other's confidentiality policies, defaulting to the most stringent, including HIPPA privacy practices, where applicable. All referrals and communications must be supported by a consent to release confidential information.</p> |
| Statement of Non-Discrimination | <p>All services will be applied uniformly and without to regards to race, sex, color, national origin, religion or disability, recognizing target population eligibility standards for programs including Minority AIDS Initiative program for services</p> |
| Public Records | <p>Both Parties will comply with Chapter 119, Florida Statutes with regard to public records.</p> |
| Indemnity | <p>No element of this agreement will be construed to imply any form of financial obligation or liability, nor to confer on one party the capacity to represent or act as an agency of the other. Both parties agree to hold the other harmless from all claims for injury to persons or damages to property caused or asserted to have been caused by the negligent act or omission of the other.</p> |

Broward Regional Health Planning Council



Mike De Lucca, President & CEO

Broward House, Inc.



Stacy Hyde, President & CEO

Date Signed: April 22, 2015

Date Signed: April 22, 2015

**Collaborative Agreement
Broward Regional Health Planning Council and Broward Community & Family Health Centers, Inc.
May 4, 2015 – 2017**

| Points of Agreement | |
|---|---|
| Purpose/Statement of Agreement | Broward Regional Health Planning Council, Inc. and Broward Community & Family Health Centers, Inc. are pleased to enter into a collaborative agreement to provide services to individuals living in Broward County. |
| Collaborative Effort Goals | Goal: This agreement is initiated with the intent that the expertise of each agency will be combined to benefit those seeking services in order to ensure a high level of service delivery and continuum of care. |
| Agency Descriptions | Broward Regional Health Planning Council is committed to delivering health and human service innovations at the national, state and local level through planning, direct services, evaluation and organizational capacity building. Outpatient Medical Care, Mental Health Counseling & Screening & Prevention, Medical Case Management, HIV Counseling, Testing & Referral, Comprehensive Risk Counseling and Nutritional Counseling |
| Full Name/Address of Each Agency | Broward Regional Health Planning Council 200 Oakwood Lane, Suite 100, Hollywood, FL 33020 954-561-9681 Broward Community & Family Health Centers, Inc. 168 N Powerline Road, Pompano, FL 33069 954.970.8805 |
| Statement of the goods and services that each collaborating agency is willing to exchange. | Broward Regional Health Planning Council ACA Navigator/ Certified Application Counselor Program ADAP Premium Plus/AICP AIDS Insurance Continuation Program Centralized Intake & Eligibility Determination Competency Restoration/CIT Health Insurance Continuation Program Housing Stability Program SAMH Peer Specialist Certification Training Permanent Housing Placement Short Term Rent Mortgage and Utility Tenant Based Rental Voucher Program TOUCH/PITCH Supportive Services for Veteran Families Broward Community & Family Health Centers, Inc. Ambulatory Medical Services Disease Case Management Medical Case Management |
| Contact Persons | Broward Regional Health Planning Council Phone: (954) 561-9681/ FAX (954) 561-9685 Michele Rosiere, Division Director ext. 1247 Natasha Markman, Program Manager ext. 1203 Broward Community & Family Health Centers, Inc. Phone: (954) 266-2999/ FAX (954) 266-2930 Brenda Colon, Program Manager Felicia Hart, COO |

| Issue | Points of Agreement |
|---|---|
| Statement of Responsibilities Related To Confidentiality | Each agency's policies and procedures regarding confidentiality will be applicable to the other for the purpose of this agreement. By virtue of this agreement both parties agree to uphold the other's confidentiality policies, defaulting to the most stringent, including HIPPA privacy practices, where applicable. All referrals and communications must be supported by a consent to release confidential information. |
| Statement of Non-Discrimination | All services will be applied uniformly and without to regards to race, sex, color, national origin, religion or disability, recognizing target population eligibility standards for programs including Minority AIDS Initiative program for services |
| Public Records | Both Parties will comply with Chapter 119, Florida Statutes with regard to public records. |
| Indemnity | No element of this agreement will be construed to imply any form of financial obligation or liability, nor to confer on one party the capacity to represent or act as an agency of the other. Both parties agree to hold the other harmless from all claims for injury to persons or damages to property caused or asserted to have been caused by the negligent act or omission of the other. |

Broward Regional Health Planning Council

Mike De Lucca, President & CEO

Broward Community & Family Health Centers, Inc.


Rosalyn Frazier, CEO

Date Signed: May 08, 2015

Date Signed: May 08, 2015

| Points of Agreement | |
|--|--|
| <p>Purpose/Statement of Agreement</p> <p>Collaborative Effort Goals</p> <p>Agency Descriptions</p> <p>Full Name/Address of Each Agency</p> | <p>Broward Regional Health Planning Council, Inc. and Care Resource are pleased to enter into a collaborative agreement to provide services to individuals living in Broward County.</p> <p>Goal: This agreement is initiated with the intent that the expertise of each agency will be combined to benefit those seeking services in order to ensure a high level of service delivery and continuum of care.</p> <p>Broward Regional Health Planning Council is committed to delivering health and human service innovations at the national, state and local level through planning, direct services, evaluation and organizational capacity building.</p> <p>Through education, prevention, research, care and treatment and support services, Care Resource improves upon the health and overall quality of life of our diverse South Florida communities in need.</p> <p>Broward Regional Health Planning Council 200 Oakwood Lane, Suite 100, Hollywood, FL 33020 954-561-9681</p> <p>Care Resource 871 West Oakland Park Blvd, Ft. Lauderdale, FL 33311 954-567-7141</p> |
| <p>Statement of the goods and services that each collaborating agency is willing to exchange.</p> | <p>Broward Regional Health Planning Council</p> <ul style="list-style-type: none"> ACA Navigator/ Certified Application Counselor Program ADAP Premium Plus/AICP AIDS Insurance Continuation Program Centralized Intake & Eligibility Determination Competency Restoration/CIT Health Insurance Continuation Program Housing Stability Program SAMH Peer Specialist Certification Training Permanent Housing Placement Short Term Rent Mortgage and Utility Tenant Based Rental Voucher Program TOUCH/PITCH Supportive Services for Veteran Families <p>Care Resource</p> <ul style="list-style-type: none"> ACA Certified Application Counselor Program ARTAS Linkage Program Health Promotions and Testing Housing Case Management MAI Case Management Medicaid Waiver Case Management Mental Health Services Oral Health Care Outpatient Ambulatory Medical Care Permanent Housing Placement Pharmacy Services PROACT Peer Services Ryan White Medical Case Management Short Term Rent Mortgage and Utility Substance Abuse Treatment Support Groups Transgender Services |

| Issue | Points of Agreement | |
|---|---|--|
| Contact Persons | Broward Regional Health Planning Council Phone: (954) 561-9681/ FAX (954) 561-9685 Michele Rosiere, Division Director ext. 1247 Natasha Markman, Program Manager ext. 1203 | |
| Statement of Responsibilities Related To Confidentiality | Each agency's policies and procedures regarding confidentiality will be applicable to the other for the purpose of this agreement. By virtue of this agreement both parties agree to uphold the other's confidentiality policies, defaulting to the most stringent, including HIPPA privacy practices, where applicable. All referrals and communications must be supported by a consent to release confidential information. | |
| Statement of Non-Discrimination | All services will be applied uniformly and without regard to race, sex, color, national origin, religion or disability, recognizing target population eligibility standards for programs including Minority AIDS Initiative program for services | |
| Public Records | Both Parties will comply with Chapter 119, Florida Statutes with regard to public records. | |
| Indemnity | No element of this agreement will be construed to imply any form of financial obligation or liability, nor to confer on one party the capacity to represent or act as an agency of the other. Both parties agree to hold the other harmless from all claims for injury to persons or damages to property caused or asserted to have been caused by the negligent act or omission of the other. | |

Broward Regional Health Planning Council



Mike De Luca, President & CEO

Date Signed: May 04, 2015

Care Resource



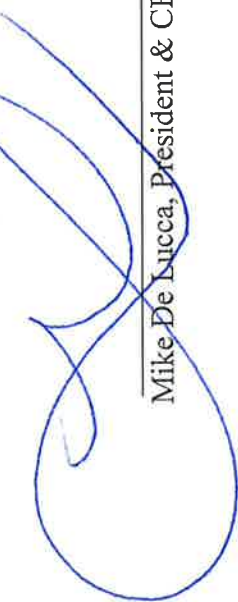
Freddy Pardo, MBA, SPHR, Director of Operations

Date Signed: May 04, 2015

| Issue | Points of Agreement |
|--|--|
| <p>Purpose/Statement of Agreement</p> <p>Collaborative Effort Goals</p> <p>Agency Descriptions</p> <p>Full Name/Address of Each Agency</p> | <p>Broward Regional Health Planning Council, Inc. and Consolidated Credit Solutions, Inc. are pleased to enter into a collaborative agreement to provide services to individuals living in Broward County.</p> <p>Goal: This agreement is initiated with the intent that the expertise of each agency will be combined to benefit those seeking services in order to ensure a high level of service delivery and continuum of care.</p> <p>Broward Regional Health Planning Council is committed to delivering health and human service innovations at the national, state and local level through planning, direct services, evaluation and organizational capacity building.</p> <p>Consolidated Credit is a nationally recognized and certified credit counseling agency. We offer credit counseling, debt management services, and personal finance education.</p> <p>Broward Regional Health Planning Council 200 Oakwood Lane, Suite 100, Hollywood, FL 33020 954-561-9681</p> <p>Consolidated Credit Solutions, Inc. 5701 west Sunrise Blvd, Fort Lauderdale, FL 33313 954-377-9203</p> |
| <p>Statement of the goods and services that each collaborating agency is willing to exchange.</p> | <p>Broward Regional Health Planning Council ACA Navigator/ Certified Application Counselor Program ADAP Premium Plus/AICP AIDS Insurance Continuation Program Centralized Intake & Eligibility Determination Competency Restoration/CIT Health Insurance Continuation Program Housing Stability Program SAMH Peer Specialist Certification Training Permanent Housing Placement Short Term Rent Mortgage and Utility Tenant Based Rental Voucher Program TOUCH/PITCH Supportive Services for Veteran Families</p> <p>Consolidated Credit Solutions, Inc. Consolidated Credit will delivery personal finance educational programs in-person via workshops and seminars as well as online webinars. Consolidated Credit will provide libraries of personal finance publications displayed in public spaces, community centers and offices. We will provide online portals containing interactive courses, calculators, videos, publications, budget analysis tools, along with the other financial literacy information. Consolidated Credit also conduct train-the-trainer sessions to staff members to disseminate financial education on their own and therefore widen the pool of qualified personal finance educators. Consolidated Credit's education and financial literacy programs attempt to bring more people to a higher level of financial health and out of the cycle of debt and living paycheck-to-paycheck.</p> |
| <p>Contact Persons</p> | <p>Consolidated Credit Solutions, Inc. 5701 west Sunrise Blvd, Fort Lauderdale, FL 33313</p> |

| Issue | Points of Agreement | |
|---|---|--|
| | Michele Rosiere, Division Director ext. 1247 Natasha Markman, Program Manager ext. 1203 | Jorge Ruiz 954-377-9203 jruiz@consolidated@consolidatedcredit.org Community Outreach Coordinator |
| Statement of Responsibilities Related To Confidentiality | Each agency's policies and procedures regarding confidentiality will be applicable to the other for the purpose of this agreement. By virtue of this agreement both parties agree to uphold the other's confidentiality policies, defaulting to the most stringent, including HIPPA privacy practices, where applicable. All referrals and communications must be supported by a consent to release confidential information. | |
| Statement of Non-Discrimination | All services will be applied uniformly and without to regards to race, sex, color, national origin, religion or disability, recognizing target population eligibility standards for programs including Minority AIDS Initiative program for services | |
| Public Records | Both Parties will comply with Chapter 119, Florida Statutes with regard to public records. | |
| Indemnity | No element of this agreement will be construed to imply any form of financial obligation or liability, nor to confer on one party the capacity to represent or act as an agency of the other. Both parties agree to hold the other harmless from all claims for injury to persons or damages to property caused or asserted to have been caused by the negligent act or omission of the other. | |

Broward Regional Health Planning Council



Mike De Lucca, President & CEO

Date Signed: May 12, 2015

Consolidated Credit Solutions, Inc.



Beatriz Hartman, Community and Business Manager

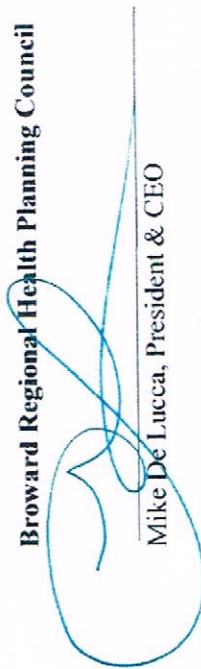
Date Signed: May 12, 2015

| Issue | Points of Agreement |
|---|--|
| <p>Purpose/Statement of Agreement</p> <p>Collaborative Effort Goals</p> <p>Agency Descriptions</p> | <p>Broward Regional Health Planning Council, Inc. and Legal Aid Service of Broward County, Inc. are pleased to enter into a collaborative agreement to provide services to individuals living in Broward County.</p> <p>Goal: This agreement is initiated with the intent that the expertise of each agency will be combined to benefit those seeking services in order to ensure a high level of service delivery and continuum of care.</p> <p>Broward Regional Health Planning Council is committed to delivering health and human service innovations at the national, state and local level through planning, direct services, evaluation and organizational capacity building.</p> <p>Legal Aid Service of Broward County, Inc. provides high quality free civil legal advice, representation and education to the disadvantaged of Broward County so as to improve the lifestyle and living conditions of the low income community and encourage self-sufficiency.</p> |
| <p>Full Name/Address of Each Agency</p> | <p align="center">Broward Regional Health Planning Council Legal Aid Service of Broward County, Inc.</p> <p>200 Oakwood Lane, Suite 100, Hollywood, FL 33020 491 N. State Rd. 7 954-561-9681 Plantation, FL 33317</p> |
| <p>Statement of the goods and services that each collaborating agency is willing to exchange.</p> | <p>Broward Regional Health Planning Council</p> <ul style="list-style-type: none"> ACA Navigator/ Certified Application Counselor Program ADAP Premium Plus/AICP AIDS Insurance Continuation Program Centralized Intake & Eligibility Determination Competency Restoration/CTT Health Insurance Continuation Program Housing Stability Program SAMH Peer Specialist Certification Training Permanent Housing Placement Short Term Rent Mortgage and Utility Tenant Based Rental Voucher Program TOUCH/PITCH Supportive Services for Veteran Families <p>Legal Aid Service of Broward County, Inc.</p> <p>Representation or advice and counsel in eviction and foreclosure cases, writs, three day notices, tenants' rights and responsibilities, and unit habitability</p> |
| <p>Contact Persons</p> | <p>Broward Regional Health Planning Council Phone: (954) 561-9681/ FAX (954) 561-9685</p> <p>Legal Aid Service of Broward County, Inc. Phone : (954) 358-5636/FAX (954) 736-2480</p> |

| Issue | Points of Agreement |
|---|---|
| Statement of Responsibilities Related To Confidentiality | <p>Michele Rosiere, Division Director ext. 1247 Natasha Markman, Program Manager ext. 1203</p> <p>Patrice Paldino, Esq., M.S.Ed. (954) 358-5636</p> |
| Statement of Non-Discrimination | <p>Each agency's policies and procedures regarding confidentiality will be applicable to the other for the purpose of this agreement. By virtue of this agreement both parties agree to uphold the other's confidentiality policies, defaulting to the most stringent, including HIPPA privacy practices, where applicable. All referrals and communications must be supported by a consent to release confidential information.</p> |
| Public Records | <p>All services will be applied uniformly and without to regards to race, sex, color, national origin, religion or disability, recognizing target population eligibility standards for programs including Minority AIDS Initiative program for services</p> |
| Indemnity | <p>Both Parties will comply with Chapter 119, Florida Statutes with regard to public records.</p> <p>No element of this agreement will be construed to imply any form of financial obligation or liability, nor to confer on one party the capacity to represent or act as an agency of the other. Both parties agree to hold the other harmless from all claims for injury to persons or damages to property caused or asserted to have been caused by the negligent act or omission of the other.</p> |

Broward Regional Health Planning Council

Legal Aid Service of Broward County, Inc.


Mike De Lucca, President & CEO


Anthony J. Karat, Esq., Executive Director

Date Signed: May 01, 2015

Date Signed: May 01, 2015

Collaborative/Linkage Agreement
South Broward Hospital District, d/b/a Memorial Healthcare System and
Broward Regional Health Planning Council, Inc.
Ryan White Part A Funded Agencies
June 1, 2014 – February 28, 2017

Statement of Agreement: Memorial Healthcare System (“MHS” or “Hospital District”) and Broward Regional Health Planning Council, Inc. are pleased to enter into a collaborative agreement to provide services to individuals living in Broward County. This agreement is initiated with the intent that the expertise of each agency will be combined to help those seeking services, in order to ensure a high level of service delivery and continuum of care. This agreement is not to be construed as replacing any other Ryan White Part A agreement with Broward County. The parties will refer qualified individuals to each other for services as defined below.

Goal: The overall goal of this collaboration is to provide a continuum of care and services to our clients.

Description of Collaborating Agencies:

MHS is a public, non-for-profit organization that provides Outpatient/Ambulatory Medical Care (Health Services) for individuals that reside within MHS's service area, Non-Medical Case Management, Substance Abuse Services, Outpatient and Mental Health Services.

Broward Regional Health Planning Council, Inc. provides client services throughout Broward County. Broward Regional Health Planning Council, Inc. is committed to enhancing client health status by taking on a leadership role in health planning, system, coordination, community collaboration, and implementation of health services to meet the needs of the community. Established in 1982, BRHPC is part of a statewide network of 11 planning agencies that are established under Florida Statute 408.033 as the legislatively designated health planning entity for District 10 (Broward County, Florida). With over 30 years of experience in planning and research, Broward Regional Health Planning Council, Inc. is well-positioned to assist in gathering qualitative data to guide quality improvement processes and strategic planning.

Full Name and Address of Each Agency: Memorial Regional Hospital, 3501 Johnson St, Hollywood, FL 33021, South Broward Community Health Services - Hollywood, 4105 Pembroke Road, Hollywood, FL 33021, South Broward Community Health Services - Dania Beach, 140 S. Federal Highway, Dania Beach, FL 33004, South Broward Community Health Services - West Hollywood, 6214 Johnson Street, Hollywood, FL 33024, South Broward Community Health Services - Hallandale Beach, 1750 East Hallandale Beach Blvd., Hallandale Beach, FL 33009, South Broward Community Health Services - Miramar, 6730 Miramar Parkway, Miramar, FL 33023.

Broward Regional Health Planning Council, 200 Oakwood Lane, Suite 100, Hollywood, FL 33020.

Statement of Goods and Services:

MHS services include but are not limited to: Outpatient/Ambulatory Medical Care (Health Services) for individuals that reside within MHS's service area, Medical Case Management (Disease Case Management), Non-Medical Case Management, Substance Abuse Services, Outpatient and Mental Health Services.

Broward Regional Health Planning Council, Inc. services include, but are not limited to: HIV Health Services Planning Council, Nurse Family Program, Health Insurance Continuation Program (HIPC), Substance Abuse, Mental Health, and Housing Program for People Living with Aids, Centralized Intake & Eligibility, Healthy Families Broward, Tenant Based Rental Voucher, Healthy Families, Farmers Market Promotional Program, and Support Services for Veteran Families.



(RP-#3768)

Part A Centralized Intake and Eligibility Determination (CIED): As Ryan White Part A Funded agencies, MHS and Broward Regional Health Planning Council agree to comply with the CIED procedures, as set forth by the Broward County Ryan White Part A Grantee's office. Both parties agree to provide Part A client referrals via telephone, secured facsimile or Provide Enterprise (PE) System (applies to Part A funded providers), as well as contact designated staff to schedule appointments and document completion of initial appointment, on behalf of eligible clients.

The referring agency certifies the following:

- The client has tested positive for HIV and is not currently receiving services.
- The client being referred meets all Federal, State and local eligibility requirements for services funded through Part A.
- Proof of client's medical eligibility is maintained in client's record.
- Proof of client's financial eligibility is maintained in client's record.
- Client has been screened for Medicaid, and all other available public funding.
- The services requested are part of the client's Plan of Care.
- Letter of Medical Certification acknowledging client's current participation in primary medical care is maintained in client's record.

Contact Person:

MHS South Broward Community Health Services: Angela Savagé, Nurse in Charge at 954-265-8435, Alternative Contact: Valery Valverde Office Manager at 954-265-8431 and After Hours Care Contact 954-265-8400.

MHS Case Management Program: Amy Pont, Director: Health & Clinical Services 954-276-3159.

MHS Substance Abuse and Mental Health Program: Joyce Myatt, Director at 954-276-3404. Alternative Contact: Claudia Lifland, Supervisor at 954-276-3403. After Hours Care (Mental Health): Memorial Regional Hospital Psychiatric Emergency Assessment Center, Nurse in Charge at 954-265-6310. After Hours Care Outpatient Detox, Nurse in Charge at 954-276-3422.

The BRHPC contact person is the Centralized Eligibility Program Manager and may be reached by telephone at (954) 566-1417.

Confidentiality: Both parties to this agreement are committed to ensuring compliance with standards for client confidentiality, in accordance with all Federal and State statutes. Both parties to this agreement will ensure there will be no exchange of client information without specific written authorization by the client, or his/her legal representative. Any exchange of client information for the purposes of arranging/coordinating services (including facsimile transmissions), will be conducted in a confidential environment assuring the identity of the client is protected.

Referrals/Linkages: Both parties shall strive to eliminate duplication, reduce fragmentation, and ensure the delivery of integrated, seamless, and coordinated services for eligible clients. Both parties will assess the effectiveness of the referral arrangement and implement changes to the agreement in an effort to reduce barriers to care and improve efficiencies, as needed.

Agreement Period: This agreement is in force for the period June 1, 2014, through February 28, 2017. The intent of this agreement is contingent on the availability of funding for both parties. In addition, either party may terminate this agreement for any reason, by providing at least thirty (30) days notice, prior to the actual termination.

Care Coordination: Where both parties to this agreement are involved in the delivery of one or more services to the same client, persons responsible for facilitating the service plans will confer with each other, should there be a need to modify them, for improved coordination of service delivery between agencies.



(RP-#3766)

Resource Sharing/Case Conference: Both parties to this agreement will provide appropriate information and support to each other, to improve the quality of care and coordination of services provided to eligible clients. It is understood by both parties that the content of the information shared may vary, based on the client's particular situation or need. Referring sources will follow up and track the client with the referral agency in order to meet the individual client's needs.

Insurance: Each party to this agreement shall be responsible for providing and maintaining adequate liability insurance coverage on a comprehensive basis, for the services it provides during the term of this agreement MHS is self-funded for liability for negligence and additionally, falls within the statutory provisions specifying sovereign immunity for liability in certain actions, including professional medical and general liability. Nothing in this agreement shall be construed to waive this immunity beyond the limits provided in Section 768.28 of the Florida Statutes.

Indemnity: Broward Regional Health Planning Council, Inc. agrees to save and hold harmless, and indemnify Hospital District from and against all losses, claims or damages, including, without limitation, reasonable attorney's fees, costs, and expenses sustained by Hospital District as a result of the negligence or malpractice, or claims of negligence or malpractice or other wrongful, tortious, or illegal acts on the part of Broward Regional Health Planning Council, Inc. and/or its agents and employees. Hospital District shall self-insure, pursuant to Ch. 768.28, Fla. Stat., for its liability for tort claims associated with the acts or omissions of its agents and employees, and will, to the extent of the amount of the limit of tort liability specified under Ch. 768.28, Fla. Stat., indemnify Broward Regional Health Planning Council, Inc. for, and defend it against, tort liabilities sought to be imposed upon Broward Regional Health Planning Council, Inc. solely as a result of the actual or alleged liability for the acts or omissions of Hospital District, or its employees or agents acting within the scope of their duties for Hospital District. The duty to defend may be satisfied by providing a defense in kind, or, at Hospital District's option, by paying the reasonable attorney's fees and expenses of litigation, and that duty and the duty to indemnify shall terminate and be discharged by the settlement of such claim, or satisfaction of any judgment arising from any such claim, in whole or in part, provided, however, that nothing in this Section requires payment by Hospital District in excess of the amount of Hospital District's statutorily-limited tort liability under Ch. 768.28, Fla. Stat. Nothing in this Agreement shall be deemed to require indemnification by Hospital District of any party for an amount greater than the limitation of liability for tort claims under Section 768.28, Fla. Stat., or otherwise operate to increase Hospital District's limitations of liability for tort claims under Section 768.28, Fla. Stat., or waive any immunity under applicable law, or to create liability or responsibility on the part of Hospital District for the acts or omissions of any party other than itself, its agents, and its employees.

IN WITNESS WHEREOF, the undersigned parties have caused this Agreement to be executed by their duly authorized representatives as of October 31, 2013.

South Broward Hospital District:

By: _____

Melinda Akiti
Vice President

10/23/13
Date Signed:

Michael De Lucca
President/CEO

Broward Regional Health Planning Council, Inc.

10-23-13
Date Signed:



(RP-#3766)

ADDENDUM TO AGREEMENT

THIS ADDENDUM TO AGREEMENT ("Addendum") amends that certain Collaborative/Linkage Agreement (hereinafter referred to as "Agreement") by and between BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC. (hereinafter referred to as "BRHPC") and SOUTH BROWARD HOSPITAL DISTRICT D/B/A MEMORIAL HEALTHCARE SYSTEM (hereinafter referred to as "Hospital District") commencing June 1, 2014 (the "Effective Date") and entered into contemporaneously herewith, as follows:

- 1) Effective as of the Effective Date, the following sections shall be added to the Agreement:

Property Insurance. Any requirement for property insurance under the Agreement may be satisfied, at Hospital District's option, through self insurance for which Hospital District shall be responsible, or through commercial insurance that is subject to deductibles for which Hospital District shall be responsible.

Self Insurance. Hospital District shall self-insure, pursuant to Ch. 768.28, Fla. Stat., for its liability for tort claims associated with the acts or omissions of its agents and employees. Nothing in this Agreement shall be deemed to require indemnification by Hospital District of any party for an amount greater than the limitation of liability for tort claims under Ch. 768.28, Fla. Stat., or otherwise operate to increase Hospital District's limitations of liability for tort claims under Ch. 768.28, Fla. Stat., or waive any immunity under applicable law, or to create liability or responsibility on the part of Hospital District for the acts or omissions of any party other than itself, its agents, and its employees.

Limitation of Liability. Notwithstanding any provision of this Addendum or the Agreement to which it is applicable, other than the compensation to be paid to BRHPC under said Agreement, the Hospital District shall not be liable or responsible to BRHPC beyond the monetary limits specified in Ch. 768.28, Fla. Stat., regardless of whether said liability be based in tort, contract, indemnity or otherwise; and in no event shall the Hospital District be liable to BRHPC for punitive or exemplary damages or for lost profits or consequential damages.

Non-Discrimination. During performance of this Agreement, BRHPC and any subcontractor and/or joint venturer shall not discriminate on the basis of race, color, gender, national origin, sexual orientation or any other category specifically protected by all applicable laws, in the solicitation for or purchase of goods and/or services, or the subcontracting of work in the performance of the Agreement.

Governing Law. This Agreement and the rights and duties of the parties hereunder shall be governed by and interpreted in accordance with the laws of the State of Florida. Any action, whether at law or in equity, shall be commenced and maintained and venue shall properly be in Broward County, Florida.

Excluded Provider. BRHPC hereby represents and warrants that BRHPC and any of its employees and subcontractors that provide goods and/or services under this Agreement are not and at no time have been excluded from participation in any federally funded health care program or any other federally funded program or federal contract, including Medicare and Medicaid and that neither it nor any affiliate is currently on the convicted vendor list or discriminatory vendor list maintained pursuant to section 287.133 or 287.134 of the Florida Statutes. BRHPC hereby agrees to promptly notify Hospital District of any threatened, proposed, or actual exclusion of said individuals from any federally funded health care program or any other federally funded program or federal contract, including Medicare and Medicaid or listing on the convicted vendor list or discriminatory vendor list maintained pursuant to section 287.133 or 287.134 of the Florida Statutes. Hospital District has the right to immediately terminate this Agreement upon notice that BRHPC is debarred or excluded from participating in federal health care programs or listing on the convicted vendor list or discriminatory vendor list maintained pursuant to section 287.133 or 287.134 of the Florida Statutes.

Public Records Law. Nothing in this Agreement requires either party to violate applicable law. Without limitation of the foregoing, neither party will be deemed to be in breach of this Agreement for withholding records when such release is not permitted by law, or for disclosing information when disclosure is required by law. BRHPC understands that Hospital District is a Political Subdivision of the State of Florida and, as such, is subject to Ch. 119, Fla. Stat., commonly known as the Public Records Law. Nothing herein requires either party to waive any privileges or disclose any item entitled to be kept confidential under the law including, without limitation, material protected under attorney client privilege, attorney work product privilege, and Medical Review Committee privilege and Trade Secrets as defined by Florida Law; Hospital District may make such disclosures as are necessary to meet licensing or accreditation requirements, including, without limitation, those imposed by ACHA or the Joint Commission.

Hospital District will notify BRHPC of any instance in which the disclosure or copies of BRHPC's confidential information is requested by any party to be disclosed under Florida Statute Chapter 119. If BRHPC wishes Hospital District to deny the request for disclosure or copies, BRHPC must reply to Hospital District as soon as reasonably possible, but in no event later



(RP-#3766)

than the time required for Hospital District to comply with the requirements of Florida Statute Chapter 119, and subject to a maximum response time of ten business days in any event. Further, BRHPC shall advise Hospital District of the legal basis for claiming the information should be withheld, and the specific section of the Florida Statutes that exempts this material from the mandatory disclosure requirements of Florida Statute Chapter 119.

If BRHPC fails to respond as required under this Section, Hospital District may release the requested documents. If the party requesting the disclosure contests the legal basis for withholding any of the documents BRHPC contends should be held as confidential, then BRHPC will, at its sole cost, defend its position that the requested documents should not be released. To the extent Hospital District incurs liability for costs or attorneys fees (including, without limitation, those awarded to the party requesting the disclosure) in connection with such challenge or appeal, BRHPC agrees to indemnify and hold harmless Hospital District for those costs and fees.

Standard Medicare Disclosure. To the extent validly required pursuant to Section 1395x(v)(1)(I) of Title 42 of the United States Code and Regulations duly promulgated thereunder, (a) until the expiration of four years after the furnishing of services pursuant to this Agreement, BRHPC shall, upon written request, make available to the United States Secretary of Health and Human Services (the "Secretary") or to the United States Comptroller General (the "Comptroller"), or any of their duly authorized representatives, a copy of this Agreement and such books, documents and records as are necessary to certify the nature and extent of the costs of the services provided by BRHPC under this Agreement, and (b) in the event BRHPC carries out any of its duties under this Agreement through a subcontract, with a value or cost of Ten Thousand Dollars (\$10,000.00) or more over a twelve-month period, with a related organization, such subcontract shall contain a clause to the effect that until the expiration of four years after the furnishing of such services pursuant to such subcontract, the related organization shall, upon written request, make available to the Secretary or the Comptroller, or any of their duly authorized representatives, a copy of such subcontract and such books, documents and records of such organization as are necessary to verify the nature and extent of such costs.

Assignment. Hospital District may assign this Agreement to any entity that assumes management or control of a substantial portion of Hospital District's assets or operations.

Independent Contractor. BRHPC and Hospital District are "independent contractors" and nothing in this Agreement is intended nor shall be construed to create an employer/employee or agent relationship.

Lobbying of Hospital District. **This section deals with lobbying the Hospital District only, and does not apply to or include lobbying of any State or Federal Agency, Legislature, or other governmental authority.** BRHPC warrants that either: (A) it has not retained any "Lobbyist," which for the purposes of this section is a company or person, other than its own bona fide employees, to solicit or secure this Agreement and that it has not paid or agreed to pay any Lobbyist, other than its bona fide employees, any fee, commission, gift, or other consideration to solicit or secure this Agreement OR (B) any Lobbyist retained by BRHPC who is not an employee of BRHPC has registered with Hospital District's Office of General Counsel in accord with Hospital District's Lobbying Policy. If BRHPC is found to have breached this warranty, Hospital District may terminate this Agreement, or, at its discretion, deduct from amounts payable under this Agreement the full amount of such fee, commission, gift, or other consideration.

HIPAA Compliance. BRHPC warrants and represents that one of the following applies to the Agreement:

- A. BRHPC is a Covered Entity, as defined under the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) and the regulations promulgated thereunder by the United States Department of Health and Human Services (collectively, "HIPAA"), and the purpose of Agreement is so that BRHPC may provide treatment to Hospital District's patients; OR
- B. BRHPC is not a Covered Entity and will not require access to Hospital District's Protected Health Information (as defined under HIPAA) in order to perform its duties under the Agreement; OR
- C. Hospital District will disclose Protected Health Information to BRHPC as a business associate (as defined under HIPAA both as in effect as of the effective date of the Agreement and as will be in effect during the term of the Agreement based on amendments to HIPAA publicly available as of the effective date of the Agreement) and BRHPC will enter into Hospital District's Business Associate Agreement in the form attached hereto as Exhibit A and by this reference made a part hereof (the "Business Associate Agreement") to cover the terms and conditions under which BRHPC will have access to Hospital District's Protected Health Information.

- 2) In the event of conflict between the terms of this Addendum and the Agreement to which it applies, the terms of this Addendum shall prevail.

Except as specifically amended or modified herein, the parties do hereby ratify and confirm in all other respects the terms and provisions of the above-described Agreement.



(RP-#3766)

IN WITNESS WHEREOF, the undersigned parties have caused this Agreement to be executed by their duly authorized representatives as of the Effective Date.

SOUTH BROWARD HOSPITAL DISTRICT D/B/A
MEMORIAL HEALTHCARE SYSTEM

By: [Signature]
Print Name: Deirdre Akers
Title: VP SBCHS
Date: 10/23/13

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

By: [Signature]
Print Name: Michael DeLuca
Title: President
Date: 10-23-13



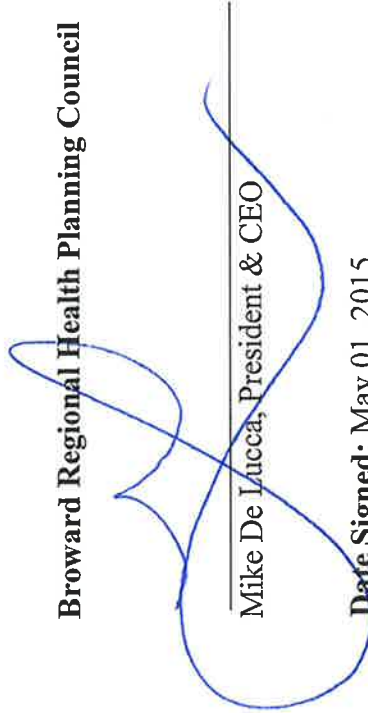
(RP-#3766)

| Points of Agreement | |
|---|--|
| Purpose/Statement of Agreement | Broward Regional Health Planning Council, Inc. and The Poverello Center Inc. are pleased to enter into a collaborative agreement to provide services to individuals living in Broward County. |
| Collaborative Effort Goals | Goal: This agreement is initiated with the intent that the expertise of each agency will be combined to benefit those seeking services in order to ensure a high level of service delivery and continuum of care. |
| Agency Descriptions | Broward Regional Health Planning Council is committed to delivering health and human service innovations at the national, state and local level through planning, direct services, evaluation and organizational capacity building. The Poverello Center Inc is a HIV/Food Bank for PLWH/A |
| Full Name/Address of Each Agency | Broward Regional Health Planning Council 200 Oakwood Lane, Suite 100, Hollywood, FL 33020 954-561-9681 The Poverello Center Inc 2056 North Dixie Highway , Wilton Manors, FL 33305 954 561 3663 |
| Statement of the goods and services that each collaborating agency is willing to exchange. | Broward Regional Health Planning Council ACA Navigator/ Certified Application Counselor Program ADAP Premium Plus/AICP AIDS Insurance Continuation Program Centralized Intake & Eligibility Determination Competency Restoration/CIT Health Insurance Continuation Program Housing Stability Program SAMH Peer Specialist Certification Training Permanent Housing Placement Short Term Rent Mortgage and Utility Tenant Based Rental Voucher Program TOUCH/PITCH Supportive Services for Veteran Families The Poverello Center Inc. Food Bank Food Voucher Nutritionist Gym and Alternative Therapies |
| Contact Persons | Broward Regional Health Planning Council Phone: (954) 561-9681/ FAX (954) 561-9685 Michele Rosiere, Division Director ext. 1247 Natasha Markman, Program Manager ext. 1203 The Poverello Center Inc. Phone 954 561 3663 / Fax 954 566 7868 Brad Gammell Program/QM Manager |

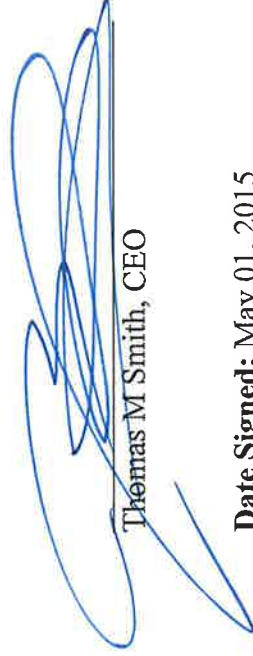
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| Statement of Responsibilities Related To Confidentiality | Each agency's policies and procedures regarding confidentiality will be applicable to the other for the purpose of this agreement. By virtue of this agreement both parties agree to uphold the other's confidentiality policies, defaulting to the most stringent, including HIPPA privacy practices, where applicable. All referrals and communications must be supported by a consent to release confidential information. |
| Statement of Non-Discrimination | All services will be applied uniformly and without to regards to race, sex, color, national origin, religion or disability, recognizing target population eligibility standards for programs including Minority AIDS Initiative program for services |
| Public Records | Both Parties will comply with Chapter 119, Florida Statutes with regard to public records. |
| Indemnity | No element of this agreement will be construed to imply any form of financial obligation or liability, nor to confer on one party the capacity to represent or act as an agency of the other. Both parties agree to hold the other harmless from all claims for injury to persons or damages to property caused or asserted to have been caused by the negligent act or omission of the other. |

Broward Regional Health Planning Council

The Poverello Center



Mike De Lucca, President & CEO



Thomas M Smith, CEO

Date Signed: May 01, 2015

Date Signed: May 01, 2015



HUMAN SERVICES DEPARTMENT

115 S Andrews Avenue, Room 303 • Fort Lauderdale, Florida 33301 • 954-357-6385 • FAX 954-468-3592

April 27, 2015

City of Fort Lauderdale RFP Committee,

It is my pleasure to provide this reference for Broward Regional Health Planning Council (BRHPC). In 2009, three local HUD grantees, **Broward County**, the City of Fort Lauderdale and the **City of Pompano Beach**, contracted with BRHPC as the lead entity for the Homeless Prevention and Rapid Re-Housing Program (HPRP), under the ARRA Stimulus Program. The program was designed to help persons at risk for homelessness with past due rent and those who were already homeless with financial assistance to pay rent and utilities and to provide case management to help achieve long-term housing stability.

BRHPC formed a collaborative partnership made up of local provider agencies: 211 First Call for Help, the Broward County Housing Options Program, The Shepherd's Way/HOPE South Florida, Crisis Housing Solutions, Legal Aid, and Women In Distress. The HPRP collaborative provided screenings, assessments, case management, counseling, rental payments, and legal assistance to low-income residents.

From October 2009 through 2011, the HPRP program screened over 9,000 residents for services assisted over 3,000 low-income persons with over \$2,000,000 of rental, utility and emergency hotel voucher assistance.

Due to the local success of the program, the **Broward County Homeless Initiatives Partnership** contracted with BRHPC for a fourth HPRP grant from the **Department of Children and Families State Office on Homelessness**. This new program specifically targeted local families who were very low-income and who may have experienced homelessness before and would need longer term assistance.

Sincerely,

A handwritten signature in blue ink that reads "Kimm Campbell".

Kimm Campbell, Deputy Director
Broward County Human Services Department



Office of Housing and Urban Improvement
100 West Atlantic Blvd., Room 220
Pompano Beach, FL 33060
Phone: (954) 786-4659
FAX: (954) 786-5534
Email: OHUI@copbfl.com
www.pompanobeachfl.gov

May 7, 2015

City of Fort Lauderdale RFP Committee,

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Sincerely,

A handwritten signature in blue ink, appearing to read "Mikiam Carrillo", is written over a faint, larger version of the same signature.

Mikiam Carrillo, Director
Office of Housing and Urban Improvement



THE
JIM MORAN FOUNDATION

"THE FUTURE BELONGS TO THOSE WHO PREPARE FOR IT."

Board of Directors

Jan Moran
*Chairman and President
Founding Director*

May 4, 2015

Larry McGinnes
*Vice President
Founding Director*

Melanie Burgess
*Executive Director
Secretary
Founding Director*

Tom Blanton
*Treasurer
Assistant Secretary
Founding Director*

Dr. Melvin T. Stith
Founding Director

George Gadson
Director

Dominic Pino
Director

Legal Counsel

Francis B. Brogan, Jr., Esq.

City of Fort Lauderdale RFP Committee,

It is my pleasure to provide this reference for Broward Regional Health Planning Council (BRHPC). In September 2012, The Jim Moran Foundation awarded the Broward Regional Health Planning Council, Inc., a \$500,000 grant for a new Housing Stability Program (HSP) to help keep low-income families from losing their homes and to assist families who are already homeless to quickly get back into safe and stable housing. Due to the program's early success, The Jim Moran Foundation provided funding for two additional years. The current grant is for \$300,000 to assist approximately 60 new families in 2015 and continue to provide case management and support services for more than 100 families who have already received rental assistance.

The HSP assists eligible low-income families with children through late rent and utilities payments, as well as providing those families who are already homeless with move-in assistance. Intake and assessment, case management, support service referrals, budgeting and a savings match program are also available to ensure that families are able to maintain long-term housing stability.

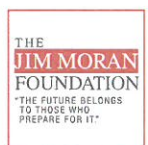
HSP is modeled after the success BRHPC experienced as the Lead Agency for the Homeless Prevention and Rapid Re-Housing (HPRP) Program for Broward County and the cities of Fort Lauderdale and Pompano Beach. The HPRP Program provided direct financial assistance, emergency hotel vouchers, re-housing assistance, past-due rent and utilities payments to over 3,000 persons who were homeless or at risk of becoming homeless.

Sincerely,

Melanie Burgess

DM/mb

*In Memory of
Jim Moran
Founder
1918 - 2007*



SHOPPING CENTER LEASE

This lease ("Lease"), dated as of May 23, 2011, by and between OAKWOOD BUSINESS CENTER LIMITED PARTNERSHIP ("Landlord") and BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC. ("Tenant");

WITNESSETH:

WHEREAS, Landlord and Tenant wish to enter into this Lease on the terms and conditions hereinafter set forth;

NOW, THEREFORE, in consideration of the foregoing, and the mutual covenants and agreements contained in this Lease, Landlord and Tenant hereby agree as follows:

Tenant hereby leases the Leased Premises (as hereinafter defined) from Landlord and Landlord hereby leases the Leased Premises to Tenant upon, and subject to, the terms and conditions hereinafter set forth in this Lease.

1. Basic Lease Provisions and Definitions.

In addition to other terms defined in this Lease, the following terms whenever used in this Lease with the first letter of each word capitalized shall have only the meanings set forth in this Article, unless such meanings are expressly modified, limited or expanded elsewhere herein.

(A) Oakwood Business Center Location: Depicted on Exhibit "A", located in Oakwood Business Ctr. #3 Hollywood, Florida Site No.: SFLH1151F Wherever in this Lease the term Shopping Center is used, it shall be deemed to refer to the Oakwood Business Center #3.

(B) Leased Premises: The premises identified as plot 100 shown hatched on Exhibit "A".

(C) Floor Area: Approximately 14,717 square feet.

(D) Lease Commencement Date: The date that Landlord tenders the Leased Premises to Tenant with Landlord's work substantially complete. In the event Landlord fails to tender possession of the Leased Premises to Tenant by May 1, 2011, Tenant shall have the right, as its sole and exclusive remedy, to terminate the Lease upon thirty (30) days written notice to Landlord. In order to terminate the Lease pursuant to this Article, Tenant must give the notice to Landlord prior to the date Landlord finally tenders possession of the Leased Premises to Tenant. However, if during the thirty (30) day notice period, Landlord substantially completes its work and tenders the Leased Premises to Tenant, Tenant's notice shall be deemed a nullity and the Lease shall continue in full force and effect as if Tenant had never issued the termination notice (See Article 4 and Exhibit B).

(E) Rent Commencement Date: The earlier of: (i) 180 days after the Lease Commencement Date; or (ii) the date any portion of the Leased Premises initially opens for business.

(F) Lease Term: Commencing on the Lease Commencement Date and ending at 12 noon on the Expiration Date.

(G) Expiration Date: The last day of the calendar month in which occurs the fifth (5th) anniversary of the day immediately preceding the Rent Commencement Date.

(G-1) Additional Terms: Three (3) five (5) year options. See Rider "B" Article 34.

=====

(H) Base Rent Schedule - Original Term:

Table with 3 columns: Year, Monthly Amount, Annual Base Rent. Row 1: 1, \$12,264.17, \$147,170.00. Row 2: 2, \$12,399.07, \$148,788.87.

Handwritten signature/initials.

| | | |
|---|-------------|--------------|
| 3 | \$12,535.46 | \$150,425.55 |
| 4 | \$12,673.35 | \$152,080.23 |
| 5 | \$12,612.76 | \$153,753.11 |

=====
 (I) Tax Rent: As provided in Articles 3 and 39.
 (J) Common Area Rent: As provided in Article 4.
 (K) Percentage Rent Rate: N/A.
 (L) Security Deposit: N/A.
 (M) Permitted Use: General office for a Florida Not-for-Profit Corporation that conducts activities through planning, development, direct services, evaluation, and organizational capacity building as provided for and authorized in Fl. Stat. 408.033 to provide health and human service programs at the national, state and local level. Landlord shall pass no Rule or Regulation that would prohibit Tenant's ordinary and customary office use. (See Article 6).
 (N) Landlord's Notice Address: 3333 NEW HYDE PARK ROAD
 (see Article 27) SUITE 100
 P.O. BOX 5020
 NEW HYDE PARK, NEW YORK 11042-0020
 (O) Tenant's Notice Address: 915 MIDDLE RIVER DRIVE
 SUITE 120
 FORT LAUDERDALE, FLORIDA 33304
 (P) Broker's: Ira L. Cor
 7870 NW 11th Place
 Plantation, Florida 33322
 =====

FOR INFORMATION ONLY

Tenant's Telephone No.: (954) 581-9681
Tenant's Fax No.: (954) 581-9685
Tenant's Email Address: mdelucca@brhpc.org
Tenant's Business Name: Broward Regional Health Planning Council
Tenant's Contact Person: Michael De Lucca, MHM, President & CEO
Guarantor(s): As a Florida Not for Profit Corporation there is absolutely no personal guarantee by any corporate representatives including by not limited to the Board of Directors and/or President/CEO.
 =====

The following riders and exhibit(s) are hereby incorporated into this Lease and made a part of this Lease for all purposes:

Riders: Rider "A" General Lease Provisions (set forth in Articles 2 through 29).
Rider "B" Specific Lease Provisions (beginning with Article 30).
Exhibit(s): Exhibit "A" - Site Plan
Exhibit "B" - Landlord Work
Exhibit "B-1" - Contractors Indemnity Agreement
Exhibit "C" - Rules and Regulations
Exhibit "D" - Tenant Estoppel Certificate
Exhibit "E" - Form of Letter of Credit
Exhibit "F" - Tenant's Florida Tax on Rent Exemption Certificate
 =====

IN WITNESS WHEREOF, the parties hereto have executed this Lease under their respective hands and seals as of the day and year first above written.

05/09/2011

RIDER A

2. Base Rent/Additional Rent. The Leased Premises is deemed to contain an amount of square feet of space equal to the Floor Area. The Lease Term shall commence on the Lease Commencement Date. The first Lease Year shall commence on the Rent Commencement Date and end on the last day of the calendar month in which occurs the first anniversary of the day immediately preceding the Rent Commencement Date. Each succeeding Lease Year shall be each successive twelve (12) month period. Unless specifically stated otherwise in this Lease, it is deemed that Landlord shall have tendered possession of the Leased Premises to Tenant on the Lease Commencement Date. On the first day of each month throughout the Lease Term commencing on the Rent Commencement Date, Tenant shall pay, in advance: (i) Base Rent, (ii) all Additional Rent as set forth herein, and (iii) any tax or license fee measured by Tenant's Rents receivable by Landlord (if any). Tenant shall pay the first month's installment of Rent on the execution hereof. Base Rent and all other payments required to be made by Tenant (including, but not limited to, Tax Rent and Common Area Rent), which are collectively referred to herein as Additional Rent, are included in the term "Rent". All Rent shall be due and payable without any notice, demand, offset, credit, deduction or abatement.

3. Taxes/Tax Rent. Subject to Article 42, Taxes shall mean real estate taxes, special and general assessments, water and sewer rents, governmental license/permit fees, and all other governmental impositions and charges relating to the Shopping Center. On the first day of each month during the Lease Term, Tenant shall pay to Landlord, as Tax Rent, one-twelfth (1/12th) of Tenant's annual share of Taxes pursuant to Landlord's estimates (which may be adjusted from time to time). If after the end of the fiscal year the total of the monthly payments by Tenant for the year is more or less than the annual Taxes actually due, then an adjustment shall be made with appropriate payments to or repayment (or credit to future Tax Rent) by Landlord. Tenant's share (for purposes of Tax Rent and Common Area Rent) shall be equal to a fraction ("Tenant's Fraction"), the numerator of which is the ground floor area of the Leased Premises, and the denominator of which is the total square foot ground floor area which is leasable for space (on the first day of the month in question) inside all the buildings of the Shopping Center, less any space where the Common Area maintenance is performed, and/or Taxes are paid, by a third party. Tenant shall pay all taxes attributable to its personal property, leasehold interests; occupancy taxes, taxes on its Rent, other than Landlord's income taxes, and other taxes imposed on tenants generally.

4. Common Area/Common Area Rent. (A) Tenant shall have the non-exclusive right to use the Common Area. Common Area is defined as the common areas and facilities of the Shopping Center. See Article 45 regarding access to parking. Landlord reserves the right at any time and from time to time to change or reduce or add to the Common Area, and further, Landlord reserves to itself the exclusive right at any time to use the roof, foundation or exterior walls (other than Tenant's storefront, windows and walls surrounding the Leased Premises) for placing of signs or equipment, including utility equipment, or for purpose of additional construction. On the first day of each month during the Lease Term, Tenant shall pay to Landlord, as Common Area Rent, one-twelfth (1/12th) of Tenant's annual share of Yearly Common Area Costs based upon the Tenant's leased area as defined in Article 1(C), pursuant to Landlord's estimated expenses (which may be adjusted from time to time). Tenant's annual share shall be determined by multiplying the Yearly Common Area Costs by Tenant's Fraction. Yearly Common Area Costs mean all costs and expenses incurred by Landlord during each twelve (12) month period selected by Landlord for repair, replacement, maintenance, insurance, protection and operation of the Common Area, and for compensation to management and service personnel; plus fifteen (15%) percent of all Yearly Common Area Costs as a fixed administrative fee for Landlord. If after the end of the fiscal year the total of the monthly payments by Tenant for the year is more or less than the annual Yearly Common Area Costs, then an adjustment shall be made with appropriate payments to or repayment (or credit to future Common Area Rent) by Landlord. Landlord estimates, without making any representations or warranties, that Tenant's Common Area Rent for the first Lease Year, will be approximately \$2.01 per square foot of the Leased Premises. For the purposes of computing Tenant's Common Area Rent, those items considered to be capital expenditures under Generally Accepted Accounting Principles ("GAAP") shall be amortized over the useful GAAP life of the item (not to exceed 5 years), and the annual amortized costs shall be included in Yearly Common Area Costs when determining Tenant's Common Area Rent.

(B) Notwithstanding anything contained in this Lease to the contrary, Yearly Common Area Costs shall not include the following: (i) Costs attributable to initial improvements or initial work which were part of plans and specifications for the initial development of the Shopping Center for which building permits were issued, i.e., initial planting, initial parking lot lighting, initial striping, initial roads, etc.; (ii) Leasing costs of any type, be it procuring tenants, releasing space or retaining existing tenants; (iii) Administrative charges in excess of 15%; (iv) Any costs related to the construction of additional stores at the Shopping Center; (v) Costs attributable to enforcing leases against tenants in the Shopping Center, such as attorneys' fees, court costs, adverse judgments and similar expenses; (vi) Depreciation and amortization of debt; (vii) Debt service on any mortgages of the Landlord and rental under any ground or underlying lease; (viii) Advertising and promotional expenditures which would be part of a specific marketing plan agreed upon by the tenants; (ix) Repair and other work occasioned by fire, or other casualty to the extent Landlord is reimbursed by insurance; (x) Any fines or penalties incurred due to violations by Landlord of any governmental rule or authority and the defense of same; and (xi) Expenses for renovating vacant or vacated space.

(C) Within one hundred sixty (160) days after the end of each accounting period, Landlord shall furnish a statement of the actual Yearly Common Area Costs. Landlord's failure to deliver such a statement within such time period shall not constitute a default nor shall it relieve Tenant from the obligation to pay Common Area Rent. If the statement shows that the aggregate of Tenant's monthly estimates paid by Tenant during such year was less than Tenant's Common Area Rent payable, Tenant shall pay the balance due to Landlord within ten (10) days after receipt of the statement; and if the statement shows that the aggregate paid exceeded the Common Area Rent payable, Landlord shall either refund the excess or credit Tenant's next accruing Common Area Rent. Tenant's failure to give Landlord written notice of any objection to the statement within ninety (90) days after the statement is sent shall constitute a waiver of any objection or inquiry Tenant may have about the statement or for any examination of Landlord's records. Tenant acknowledges Landlord has not made any warranty, agreement or representation of any kind as to the actual dollar amount of Yearly Common Area Costs or Tenant's dollar share thereof.

5. Gross Sales/Percentage Rent. Intentionally Deleted.

6. Security Deposit. Intentionally Deleted.

7. Construction; Condition of Premises. Tenant has inspected the Leased Premises and Common Areas of the Shopping Center. Landlord makes no representations as to the physical condition of the Leased Premises or the Shopping Center. Tenant agrees to accept the Leased Premises in its "as is" and "where-is" condition. Prior to Tenant occupying the Leased Premises, Tenant shall obtain a certificate of occupancy and any other governmental permits required for Tenant to use and occupy the Leased Premises, and deliver a copy of same to Landlord.

8. Use of Premises. The Leased Premises will be used only for the Permitted Use, and for no other use or purpose. Landlord has not made any representations as to whether the Permitted Use is permitted by the municipality, or whether the Leased Premises is zoned for such use. No sale or dispensing of alcoholic beverages shall be permitted and no preparation of any food, cooking, baking or frying shall be permitted. Tenant agrees that: no auction, fire, bankruptcy, going out of business or similar sale will be conducted or advertised; no merchandise will be kept, displayed or sold or business solicited in the Common Areas; no nuisance will be permitted; and no emission of any objectionable odors, sounds or vibrations will be permitted. Tenant shall keep the Leased Premises free of rodents, vermin, insects and other pests and provide regular extermination services when necessary. Tenant and its agents, employees and subtenants shall comply with the Rules and Regulations attached hereto as Exhibit "C" and all further rules and regulations promulgated by Landlord. All garbage, waste and refuse will be kept stored temporarily inside the Leased Premises and then regularly removed at Tenant's expense and, if Landlord opts, only by a contractor designated by Landlord, provided its price is competitive. Tenant shall not commit or suffer to be committed any waste

upon the Leased Premises. Tenant shall comply with all laws and requirements of all governmental authorities, including, but not limited to, all environmental laws and regulations, pertaining to the Leased Premises or Tenant's use thereof, and all requirements and recommendations of Landlord's and Tenant's insurance companies and any rating bureau or similar organization, including maintaining and servicing fire extinguishers. Tenant is not a retail merchant and shall not be required to join or pay for, or contribute to any merchants association.

9. Utilities. All applications and connections for utility services at the Leased Premises shall be made in the name of, and paid for by, Tenant, and Tenant shall pay all utility charges as they become due, including, but not limited to, all charges for sewer, water, gas (if available), electricity, and telephone services. If Tenant receives utilities through a shared meter, Tenant will pay to Landlord Tenant's proportionate share (based on relative square feet size and use of the Leased Premises) of the total meter charges. See also Article 32 regarding Utility Deregulation.

10. Maintenance and Repairs. Tenant shall maintain the Leased Premises in good and safe condition and Tenant shall be required to make all repairs, replacements and alterations to the Leased Premises including, but not limited to, all lines, apparatus, and equipment relating to utilities from the point they serve the Leased Premises exclusively, whether located inside or outside (including electricity, plumbing, sewerage, water, and gas), plate glass, sprinklers, fixtures, equipment, Tenant's personal property, signs, and other systems and equipment at, or serving, the Leased Premises, whether located inside or outside. Tenant shall also keep the sidewalks adjacent to the Leased Premises broom clean, and free of ice, snow, and rubbish. Tenant shall not be required to repair the foundation, roof, exterior of the perimeter demising walls, and load bearing structural columns and beams of the Leased Premises, unless the need for the repairs arises out of an act or omission of Tenant or Tenant's specific use of the Leased Premises, in which case Tenant shall make the repairs, or at Landlord's option, Landlord shall make the repairs at Tenant's expense. Upon the expiration of the Lease, Tenant shall surrender the Leased Premises in good condition and repair. Notwithstanding the foregoing and subject to Article 23, in the event a repair (that is Landlord's obligation to make) is necessary, and the condition is materially interfering with Tenant's ability to operate its business, Landlord shall commence the repair within forty-eight (48) hours after its receipt of written notice from Tenant.

11. Signs; Painting; Displays. Intentionally Deleted.

12. Alterations/Liens. Tenant shall not make any alterations or improvements, in, to or about the Leased Premises without first obtaining the written consent of Landlord. Tenant shall pay promptly when due all charges for labor and materials in connection with any work done by or for Tenant or anyone claiming under Tenant. Tenant shall remove within ten (10) days after notice, all liens placed against Landlord's interest or the Shopping Center resulting from any act of Tenant or on Tenant's behalf or anyone claiming under Tenant ("Liens"), failing which Landlord may remove such Liens and collect all expenses incurred from Tenant as Additional Rent.

13. Indemnification of Landlord. Tenant shall defend, and indemnify Landlord and any fee owner of the Shopping Center against all losses, claims, liabilities, injuries, expenses (including reasonable legal fees), lawsuits and damages: (i) claimed to have been caused by or resulted from any act, omission or negligence of Tenant or its subtenants, employees, and contractors occurring in the Leased Premises or the Shopping Center, except to the extent caused by the negligent act or omission, or negligence of Landlord or its employees or contractors, or (ii) occurring in the Leased Premises except if caused by the negligent act, omission, or negligence of Landlord, or its employees or contractors, (iii) for compensation or brokerage fees made by any broker or other party in connection with the making of this Lease (except for any broker with whom Landlord has agreed to compensate per separate agreement); (iv) arising out of any Liens, and (v) arising out of any breaches of any representations or warranties made by Tenant. Landlord shall not be liable for any injury or any loss or damage to or interference with any merchandise, equipment, fixtures, or other personal property or the business operations of Tenant or anyone in the Leased Premises occasioned by (i) the act or omission of persons occupying other premises, or (ii) any defect, latent or otherwise, in any building or the equipment, machinery, or utilities, or (iii) any breakage or leakage of the roof, walls, floor, pipes or equipment, or (iv) any backing up, seepage or overflow of water or sewerage, or (v) flood, rain, snowfall or other elements or Acts of God. Subject to the provisions of Articles 14 and 21, Landlord shall indemnify Tenant against any liability, or damage to third parties resulting from personal injury or property damage that occurs in the Common Areas provided such injury or damage does not arise out of any act or omission of Tenant or anyone claiming under Tenant or its subtenants, concessionaires, employees, contractors or invitees. In no event shall Landlord or Tenant be liable to the other for loss of business or consequential damages.

14. Insurance. Tenant shall maintain: 1) plate glass insurance; and 2) a commercial general liability insurance policy with respect to the Leased Premises and its appurtenances (including signs) naming Landlord, Landlord's lender (if any), and Kimco Realty Corporation as additional insureds with a limit of not less than One Million (\$1,000,000) Dollars; and 3) an umbrella liability insurance policy with a limit of not less than Two Million (\$2,000,000) Dollars, with a nationally known insurance company having a "Best Rating" of A-VIII or better. Prior to the Lease Commencement Date and annually thereafter, Tenant shall provide Landlord with a Certificate of Insurance naming Landlord, Landlord's lender (if any), and Kimco Realty Corporation as additional insureds, provides for a waiver of any right of recovery by way of subrogation against Landlord in the event of any loss, and provides for a thirty (30) day written notice to Landlord prior to cancellation or material change of coverage. Landlord and Tenant hereby release the other and all other persons claiming under it by way of subrogation from any and all liability for loss or damage to property, even if such loss or damage is caused by the fault or negligence of the other or of any persons claiming under the other. Tenant's failure to deliver the policies or certificates, within thirty (30) days after receipt of written notice from Landlord, shall constitute a default and shall entitle Landlord, at Landlord's option, to purchase the above required insurance at then prevailing market rates, and Tenant shall pay Landlord on demand the costs thereof plus a twenty percent (20%) administrative fee. All policies of insurance required of Tenant shall have terms of not less than one (1) year.

15. Access to Premises. Excepting emergencies, with reasonable notice during normal office hours, Landlord and its agents may enter the Leased Premises at any reasonable time to: a) inspect or repair the same; b) place upon the Leased Premises "For Lease" signs no sooner than ninety (90) days from the expiration of the Lease Term; and c) permit persons to inspect the Leased Premises.

16. Destruction of Premises. In the event that either (i) the Leased Premises, or (ii) a substantial portion of the Shopping Center are materially damaged and rendered untenantable during the term of this Lease by fire or other casualty, Landlord shall have the option, upon written notice to Tenant within ninety (90) days after Landlord receives notice of the damage, to either terminate the Lease, in which case the Lease shall end on the date Tenant receives Landlord's notice, or restore the damage, in which case the Lease shall continue, and during such period of restoration there shall be a fair and equitable proportionate abatement of all Rent.

17. Eminent Domain. If any part of the Leased Premises shall be taken by eminent domain, this lease shall terminate on the date when title vests pursuant to such taking. If a substantial portion of the Shopping Center (including the Leased Premises) is taken, and Landlord has not elected to restore the portions so taken, either party shall have the right to terminate this Lease. If twenty five (25) parking spaces that are available to Tenant are taken by eminent domain and Landlord does not make substantially the same number of spaces available to Tenant to replace the lost spaces within one hundred twenty (120) days, Tenant shall have the right to terminate this Lease by giving the Landlord written notice within thirty (30) days after such taking, provided that Tenant is not in default under any of the terms and conditions of the Lease at the time Tenant tenders this notice to Landlord, but if Landlord replaces the lost spaces to Tenant within sixty (60) day after such notice, Tenant's termination notice shall be deemed a nullity and the Lease shall continue in full force and effect. If this Lease is terminated pursuant to this Article, Rent shall be apportioned as of the termination date. Tenant shall not be entitled to any part of the award for such taking or any payment in lieu thereof.

18. Tenant Default. If Tenant defaults in the payment of Rent or any of the other covenants or conditions herein and same is not cured within fifteen (15) days after Landlord's notice, then, in addition to all rights and remedies available to Landlord at law or in equity, Landlord shall have the right to terminate this Lease on fifteen (15) days written notice to Tenant. Notwithstanding any dispossession or termination of the Lease by Landlord, Tenant will remain liable for all damages as a result of such default. No failure to enforce any provision of the Lease shall be deemed a waiver. In any

case where Landlord shall have the right to hold Tenant liable monthly, Landlord may elect to declare all the aggregate Rent for the remaining balance of the Lease Term, as well as all accrued Rent, to be immediately due and payable, and to recover immediately against Tenant all such Rent (for loss of a bargain and not as a penalty). Landlord shall have no obligation to mitigate its damages. Tenant shall pay all attorneys' fees, costs and expenses incurred by Landlord in enforcing the provisions of this Lease whether the lawsuit or other action was commenced by Landlord or by Tenant. Landlord and Tenant waive trial by jury in any action, proceeding or counterclaim brought by either against the other as to any matters arising out of or in any way connected with this Lease, or their relationship as Landlord and Tenant, or Tenant's use or occupancy of the Leased Premises. Tenant agrees that no counterclaim or setoff will be interposed in any action by Landlord based on non-payment of Rent, even if such counterclaim or setoff is based on Landlord's alleged breach of a duty to repair or alleged breach of quiet enjoyment, or any other allegation. Notwithstanding the provisions of Article 18 of this Lease to the contrary, Tenant may interpose any mandatory or compulsory counterclaims that, by operation of law, would be lost if not brought in this action.

19. Subordination. This Lease is and shall be subject and subordinate to (i) all underlying leases and all security instruments now or hereafter affecting such leases, (ii) all mortgages and/or other security instruments now or hereafter affecting the fee title of the Shopping Center, (iii) all documents and agreements of record affecting the Shopping Center, and (iv) all renewals, modifications, and extensions of any such underlying leases, mortgages and/or other security instruments and documents of record. This clause shall be self-operative and no further instrument of subordination shall be required, but Tenant agrees to execute promptly any instrument that may be requested. If Landlord transfers its interest in the Leased Premises, or proceedings are brought for foreclosure of any such mortgage or in case of sale in lieu thereof, or termination of any such underlying lease, Tenant shall, if requested, attorn to such transferee and execute instruments acknowledging the attornment.

20. Assignment and Subletting. Tenant shall not, whether voluntarily or by operation of law or otherwise: (i) assign, mortgage, pledge, hypothecate, or otherwise transfer or encumber any of its interest in Tenant, this Lease or the Leased Premises, in any manner, nor (ii) sublet, license or permit occupancy by any other person of any portion of the Leased Premises (all of the foregoing are collectively called a "Transfer"), without obtaining on each occasion the prior written consent of Landlord, which consent Landlord may deny, regardless of commercial reasonableness. In the event Tenant desires to engage in a Transfer, Tenant shall give Landlord written notice ("Transfer Notice") containing: (i) the name and address of the proposed assignee, subtenant or occupant (the "Proposed Transferee"), (ii) current financial and other information with respect to the financial ability, operating experience, and business reputation of the Proposed Transferee, (iii) true and complete copies of all the documents and agreements related to the Transfer, and (iv) payment of Landlord's reasonable administrative and attorneys' fees in reviewing the proposed Transfer, which is currently \$1,500, subject to reasonable increases. Within thirty (30) days after Landlord's receipt of the Transfer Notice, Landlord shall elect by written notice to Tenant ("Landlord's Notice") to either: (1) consent to the proposed Transfer to the Proposed Transferee; (2) deny its consent to such proposed Transfer; or (3) terminate this Lease. In the event Landlord shall elect to terminate this Lease: (i) the Lease shall expire on the date which is specified in the Landlord's Notice, which date will not be less than sixty (60) days after the date of Landlord's Notice; (ii) Tenant shall be released from all liability which accrues under the Lease after the latter of (the "Release Date"): (1) the date Tenant surrenders possession of the Leased Premises to the Landlord in the condition required by this Lease, or (2) the date set forth in Landlord's Notice to Tenant that it has elected to terminate this Lease (other than indemnities and obligations of Tenant which expressly survive termination of this Lease, as set forth herein). Tenant shall be required to pay all Rent which accrues under the Lease through the Release Date. In any assignment the assignee must assume this Lease in writing on Landlord's form. Notwithstanding any Transfer, Tenant shall not be released from any obligations, liabilities or covenants under this Lease. In any Transfer the Leased Premises shall be used for the Permitted Use only. If any person other than Tenant shall pay rent for the Leased Premises, Landlord may accept the rent as having been paid on behalf of Tenant and not be deemed to have consented to that person occupying the Leased Premises. Notwithstanding anything contained in this Lease to the contrary, in the event Landlord approves a Transfer with respect to a sublease or license of all or any portion of the Leased Premises: (i) the subrent or other amounts received or accrued by Tenant from subleasing or licensing the Leased Premises is not based on the income or profits of any person, excluding for this purpose subrent or other amounts based on a fixed percentage or percentages of gross receipt or gross sales of any person, and (ii) Tenant shall not assign, convey, sell, pledge, mortgage, hypothecate or otherwise encumber, transfer or dispose of all or any part of this Lease or Tenant's leasehold estate hereunder with any person, or in any manner, which could cause any portion of the amounts received by Landlord pursuant to this Lease to fail to qualify as "rents from real property" within the meaning of section 856(d) of the Internal Revenue Code of 1986, as amended (the "Code"), or any similar or successor provision thereto or which would cause any other income of Landlord to fail to qualify as income described in section 856(c)(2) of the Code.

21. Exculpation. Tenant agrees it will look solely to Landlord's estate in the Shopping Center, subject to the rights of the holder of any mortgage thereon, as the sole asset for collection of any claim, judgment or damages sought by Tenant.

22. Relocation. Intentionally Deleted.

23. Unavoidable Delays. Where either party hereto is required to do any act, the time attributable directly to delays caused by an Act of God, inclement weather, war, civil commotion, casualty, labor difficulties, government regulations or other causes beyond such party's reasonable control shall not be counted in determining the time during which such act is to be completed. The provisions of this Article shall not be applicable at all to excuse or permit delay of the time for Tenant to pay Rent or other money or to obtain and maintain insurance policies. If Landlord is unable to deliver the Leased Premises by the end of thirty (30) days after Landlord's execution of this Lease, then either party may terminate this Lease by giving thirty (30) days written notice to the other at any time thereafter and prior to tender.

24. Estoppel Certificates. Within ten (10) days following written notice, Landlord or Tenant shall deliver to the other party a signed statement certifying: the date of this Lease and that this Lease is in full force and effect; the monthly Base Rent and Additional Rent payable during the Lease Term; the date to which the Rent and other payments have been paid; whether the other party is in default, or if there are any offsets, defenses, or counterclaims claimed by Tenant, and if a default, offset, defense, or counterclaim is claimed, specifying the specific nature and default; and stating any additional matters requested by Landlord, any mortgagee, or the fee owner. Notwithstanding the foregoing, neither party shall be required to provide an estoppel certificate more than one (1) time in each twelve (12) month period.

25. Miscellaneous Provisions. This Lease contains the entire agreement between the parties. No oral or written statements or representations not contained in this Lease shall have any force or effect. This Lease cannot be modified or terminated orally, but only by a writing signed by Landlord and Tenant, except for a termination expressly permitted by this Lease. If more than one party executes this Lease as "Tenant", the liability of all such signatories shall be joint and several. Neither this Lease nor any memorandum, thereof shall be recorded in any public records. Tenant represents that it has not dealt with any broker, finder, or other person entitled to compensation in connection with this Lease, other than as set forth herein. If any provision of this Lease shall be declared by a court to be invalid, the remainder of this Lease shall not be affected, provided the intent of the parties can still be effectuated. If Tenant is not an individual, the person signing this document on behalf of Tenant represents (by such signature) that he or she has been duly authorized by Tenant to execute this document and that such signature creates a binding obligation of Tenant. This Lease is binding upon the heirs, assigns and successors in interest to the parties. Any Rent not paid on or before the date when due shall bear interest at six percent (6%) per annum on the payable amount from the date such amount was originally due until paid; in addition, Tenant shall pay Landlord a Fifty (\$50.00) Dollar late charge for each such late payment.

26. Quiet Enjoyment. Subject to all mortgages, encumbrances, easements and underlying leases to which this Lease may be or become subordinate, Landlord covenants that, upon Tenant's performance of all of the terms of the Lease, Tenant's peaceful and quiet enjoyment of the Leased Premises shall not be disturbed by Landlord or anyone properly claiming through Landlord.

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27. Notices. Any notice which either party may give, shall be given by mailing the notice certified, return receipt requested, or by sending the notice by nationally recognized overnight courier service (e.g. Federal Express or UPS) to Tenant or Landlord at the address shown above, or at such other place designated by the parties by written notice. Notice shall be effective on the earlier of (i) the third day after it was sent, (ii) the date received, or (iii) the date delivery refused.

28. OFAC. Tenant represents and warrants to Landlord that neither Tenant nor any affiliate or representative of Tenant (i) is listed on the Specially Designated Nationals and Blocked Persons List maintained by the Office of Foreign Asset Control, Department of the Treasury ("OFAC") pursuant to Executive Order number 13224, 66 Federal Register 49079 (September 25, 2001) (the "Order"); (ii) is listed on any other list of terrorists or terrorist organizations maintained pursuant to the Order, the rules and regulations of the OFAC or any other applicable requirements contained in any enabling legislation or other executive orders in respect of the Order (the Order and such other rules, regulations, legislation or orders are collectively called the "Orders"); (iii) is engaged in activities prohibited in the Orders; or (iv) has been convicted, pleaded nolo contendere, indicted, arraigned or detained on charges involving money laundering or predicate crimes to money laundering. In the event any of the representations in this Article are determined to be false now or at any time during the Lease Term, Tenant shall be deemed to have committed an incurable default, entitling Landlord, in addition to all other remedies at law or in equity, to immediately terminate this Lease on written notice to Tenant.

29. Holdover Rent. If Tenant or anyone claiming under Tenant remains in possession of the Leased Premises after the expiration of the Lease Term, that person shall be a tenant at sufferance, and during such period, Base Rent shall be as follows (i) 110% of the last month's rent which was in effect immediately prior to the Lease Term expiration for three (3) months, (ii) 150% of the last month's rent which was in effect immediately prior to the Lease Term expiration for the next three (3) months, and (iii) 200% of the last month's rent which was in effect immediately prior to the Lease Term expiration thereafter, which Landlord may collect without admission that Tenant's estate is more than a tenancy at sufferance, and all the provisions of this Lease shall apply as the same are applicable to a tenancy at sufferance.

END OF RIDER A



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RIDER B

30. Notwithstanding anything provided herein, if there is any discrepancy between Rider "A" and Rider "B", Rider "B" shall prevail.

31. Sign Criteria - Reference to Article 11.

(A) Monument Sign. Provided Tenant obtains all necessary government permits and approvals, as well as Landlord's written approval of its sign design drawings, Tenant shall have the exclusive usage rights, at Tenant's sole cost and expense, to install an identification panel on the pylon sign directly in front of the Leased Premises, whereupon it may display its name.

32. Utility Deregulation.

(A) Landlord Controls Selection. Landlord and Tenant acknowledge that utility deregulation may allow Landlord to change electric service providers in the future. Landlord shall be responsible for any costs related to conversion to alternate service provider. Landlord shall have the right at any time and from time to time during the Lease Term to either (i) continue to contract for service from the present electric utility company (the "Electric Service Provider"), or (ii) contract for services from a different company or companies providing electricity service, whether through a solar energy provider ("Solar Provider") or otherwise (each such company shall hereinafter be referred to as an "Alternate Service Provider"). In the event that the entire Shopping Center is required to be serviced by the Alternate Service Provider, Tenant agrees to contract for service from the Alternate Service Provider. If Landlord elects to provide solar generated electricity ("Solar Energy") at the Shopping Center, Landlord reserves the right to cause the Solar Provider to sell to Tenant Solar Energy produced from the solar system, and Tenant will purchase from the Solar Provider up to 100% of Tenant's energy requirements, as and when the same is produced, at the energy price in effect at the time of delivery; provided that in no event shall the price for Solar Energy exceed the total cost of comparable electricity service that otherwise would have been purchased from the Electric Service Provider, and Solar Provider shall have the obligation to meet the full energy requirements of Tenant, including the provision of any capacity and quality, and Tenant will have no requirement to purchase more than 100% of Tenant's energy requirements from Solar Provider. Upon request by Landlord, Tenant shall execute such reasonable documentation to reflect the foregoing. Tenant shall bear no conversion costs, if any.

(B) Tenant Shall Give Landlord Access. With reasonable notice, Tenant shall cooperate with Landlord, the Electric Service Provider, and any Alternate Service Provider, at all times as reasonably necessary, and allow the foregoing to have reasonable access to any and all electric lines, feeders, risers, wiring, and any other machinery within the Leased Premises during normal office hours. If access to the Leased Premises is necessary, unless Tenant mandated, under this Article 32(B) other than during Tenant's normal office hours, Tenant shall not be responsible for any of the direct costs related to such access, including but not limited to additional security personnel. Landlord and Tenant shall reasonably cooperate to identify and agree to the amount of such costs in advance, and Landlord shall either arrange for the payment of such costs directly to third parties, or promptly reimburse Tenant for the amount of such agreed-upon costs actually paid by Tenant and evidenced by proper receipts.

(C) Landlord Not Responsible for Interruption of Service. Landlord shall not be liable or responsible for any loss, damage, or expense that Tenant may sustain or incur by reason of any change, failure, interference, disruption, or defect in the supply or character of the electric energy furnished to the Leased Premises, or if the quantity or character of the electric energy supplied by the Electric Service Provider or any Alternate Service Provider is no longer available or suitable for Tenant's requirements, and no such change, failure, defect, unavailability, or unsuitability shall constitute an actual or constructive eviction, in whole or in part, or entitle Tenant to any abatement or diminution of rent, or relieve Tenant from any of its obligations under the Lease. Notwithstanding the foregoing, if a utility service provided by Landlord is interrupted for a period of more than 24 hours as a result of a negligent act or omission of Landlord, or its agents, contractors, or employees, and not resulting from: (a) Landlord having exercised its rights pursuant to Article 32(A) above, (b) Force Majeure or unavoidable delay (as defined in the Lease, see Article 23)), (c) an act of the Electric Service Provider, or (d) any other condition beyond Landlord's control, and: (i) such interruption prevents Tenant from operating its business at the Leased Premises, (ii) Tenant promptly gives written notice to Landlord of the condition, and (iii) Landlord has not restored such service within 24 hours following receipt of Tenant's notice (the "Cure Period"), then Tenant shall not be obligated to pay Base Rent from the expiration of the Cure Period until the situation is sufficiently remedied so that Tenant could reopen for business.

33. PLANS AND SPECIFICATIONS.

(A) Within thirty (30) days after the date Landlord executes this Lease, Tenant shall submit to Landlord, for Landlord's written approval the following items (hereinafter collectively referred to as "Required Items"):

1. Complete detailed drawings and specifications in sufficient detail for Tenant to obtain all necessary building permits (hereinafter collectively referred to as "Plans") for all the work to be done by Tenant to the Leased Premises. Each of Tenant's Plans submissions shall include two sets of full-size construction drawings and specifications, as well as one set of computerized construction drawings saved on a CD ROM in .DWG or .DXF file format.

2. If the cost of Tenant's work under the Plans is greater than \$250,000.00, Landlord requires either (i) a contractor's "Payment and Performance Bond" in favor of Landlord as obligee, in form approved by Landlord, issued by a surety company satisfactory to Landlord, guaranteeing completion of Tenant's work in accordance with the Plans free of liens and security agreements, or (ii) a letter of credit in accordance with Article 46.

3. A comprehensive general liability insurance policy from Tenant's contractor's insurer (with a rating of not less than A-8) naming Landlord, Landlord's lender (if any), and Kimco Realty Corporation as additional insureds for at least \$2,000,000 combined single limit for bodily injury and property damage and contractor's Workers' Compensation and Occupational Disease insurance with statutory limits and employer's liability with a limit of at least \$1,000,000.

4. The general contractor's written indemnity agreement in the form attached hereto as Exhibit "B-1" that the contractor shall indemnify, defend, save and hold harmless Landlord, its mortgagee, agents, employees and assigns, from all liabilities, claims, losses, liens, damages and suits of whatsoever nature for personal injury, death or property damage alleged to arise out of the work performed under the contract, whether by contractor or by any subcontractor, and whether asserted against Landlord or contractor.

(B) Landlord shall inform Tenant of any objections to the Required Items within twenty (20) days after receipt of all such items. If Tenant fails to deliver any of the Required Items timely, then Landlord shall have the right to terminate this Lease and retain the Tenant's entire security deposit as liquidated damages. Furthermore, Landlord shall have no obligation to review Tenant's Plans unless and until Landlord is in receipt of all Required Items. Tenant, within fifteen (15) days of receiving Landlord's objections to the Required Items, shall deliver to Landlord corrected Required Items, which Landlord shall accept or reject within the next fifteen (15) days.

(C) Tenant must obtain Landlord's written approval of all Required Items prior to commencing any of its work at the Leased Premises. Landlord's approval of Tenant's Plans shall not constitute an affirmation by Landlord that they conform to law or impose any liability on Landlord. Upon Landlord's approval of the Required Items Tenant shall immediately apply for all permits necessary for its work. After the permits are issued and Landlord has completed the work, if any, that it has specifically agreed in this Lease to do, Tenant shall promptly commence and complete Tenant's work in conformity with the Plans, building department requirements and all relevant laws and regulations.

(D) Tenant shall comply with all legal requirements during its work and, when completed, Tenant's work must comply with all laws, ordinances, regulations or orders of public authority, and with the requirements of the appropriate Fire Insurance Rating Organization and Landlord's insurance company. Prior to opening for business, Tenant shall obtain and deliver to Landlord: (a) Tenant's affidavit that all work, labor and materials have been paid for, (b) final lien waivers, as well as paid invoices or statements, from all contractors and subcontractors who performed work at the Leased Premises and all materialmen and suppliers who provided materials and/or equipment used in connection with Tenant's work at the Leased Premises, and (c) a copy of the certificate of occupancy (or its local equivalent) for the Leased Premises. If a temporary Certificate of Occupancy is issued, Tenant shall deliver a copy of that document to Landlord and then, upon issuance of a permanent Certificate of Occupancy, immediately forward a copy of it to Landlord.

(E) If Landlord or its representative inspects the Leased Premises and determines that Tenant's work is not being done in accordance with the approved Plans, Tenant shall correct any deficiencies or omissions immediately.



(F) Tenant shall not permit any mechanic's or other lien to be filed either against the Leased Premises or the Shopping Center or Tenant's leasehold interest by reason of work, labor, services or materials supplied. If any lien is filed, Tenant shall, within ten (10) days after notice of the filing, cause it to be discharged of record, failing which Landlord, in addition to any other right or remedy, may (but shall not be obligated to) discharge such lien by deposit, bonding proceedings or by payment of the claimed amount for Tenant's account. Any amounts so paid, together with interest at the Default Interest Rate from the date of payment, shall be paid by Tenant to Landlord on demand as additional Rent. Nothing herein shall be construed as the consent or request of Landlord to any contractor, subcontractor, laborer or materialman to perform work or furnish materials. Furthermore, nothing herein shall give Tenant the authority to contract for or permit the rendering of any service or furnishing of any material that could give rise to the filing of any lien.

(G) Tenant shall require its contractor to furnish to both Tenant and Landlord on completion of the work a guaranty, for a period of one (1) year from final completion of all work, that all work and materials will be free from all defects and that all apparatus (e.g., air-conditioning equipment) will develop capacities and characteristics specified in the approved Plans upon use, and that whenever within one (1) year of the final acceptance of the work, contractor is notified in writing by either Landlord or Tenant that any equipment, material or workmanship is defective or in some way does not meet specifications, contractor shall immediately replace, repair or otherwise correct the defect or deficiency without cost to Landlord. Additionally, the following items shall be guaranteed for periods in excess of the one (1) year: Motor Compressor Units - five (5) years; Exterior Walls - two (2) years (guaranteed against air and moisture leakage); Roofing - two (2) years.

(H) In the event Tenant's work involves the construction of a demising wall, Tenant shall physically indicate the proposed location of the demising wall on the floor of the Leased Premises, notify Landlord's architect that the location has been marked and that construction of the wall is about to begin, and give Landlord's architect a reasonable opportunity to come to the Leased Premises and inspect the proposed placement of the wall.

(I) For any Tenant work that involves penetration of the roof surface, Tenant shall employ Landlord's roofing contractor, thereby ensuring that the roofing bond and/or warranty will remain in full force and effect. The maintenance of Tenant's roof work will be the sole responsibility of Tenant and shall include the repair of adjoining areas that might have been affected due to water penetration through Tenant's roof work.

(J) In the event Tenant must obtain a zoning variance, waiver or other change in order to use the Leased Premises for the purposes described in Article 1(M), or for any work Tenant desires to perform at the Leased Premises, Tenant shall first obtain Landlord's written approval, not to be unreasonably withheld or delayed, prior to seeking such a change. If Landlord's consent is given, Landlord agrees to cooperate with Tenant in such application and Tenant agrees to: (i) keep Landlord advised of all developments as they occur, (ii) provide Landlord with an opportunity to review all documents before they are filed, and (iii) give Landlord a reasonable amount of notice before any hearings are held so that Landlord's representative shall have an opportunity to attend. Tenant shall not be permitted to enter into any agreements that affect the use, access, or condition of the Shopping Center without first obtaining Landlord's written consent, and any attempt to do so shall constitute a default under the Lease.

34. Options to Extend Lease. (A) Provided Tenant is not in default of the Lease and has faithfully performed the terms or conditions of the Lease and Tenant is in actual physical possession of all of the Leased Premises (and operating and open for business as contemplated by this Lease, in all of the Leased Premises), Tenant shall have the right to extend the term of this Lease set forth in Article 1 (the "Original Term") for three (3) consecutive additional periods of five (5) years each (the "First Additional Term", the "Second Additional Term", and the "Third Additional Term", as may sometimes be referred to herein collectively as the "Additional Terms"). In order to exercise an option, Tenant must deliver to Landlord written notice at least one (1) year prior to the expiration of the then current Term, of its election to exercise its option, **TIME BEING OF THE ESSENCE** with respect to such notice. Such notice of election to extend the term of the Lease shall be irrevocable. Except as specifically set forth herein, the Additional Terms shall be upon all of the terms and conditions of the Lease except that any articles which were intended to be one time, initial provisions or concessions (such as free Rent, Landlord Work, or a Tenant improvement allowance) shall be deemed to have been satisfied and shall not apply to the Additional Terms. Also, there shall be no option to extend the term of the Lease beyond the Third Additional Term. The exercise of the option for the First Additional Term is a condition precedent to the exercise of the option for the Second Additional Term. The exercise of the option for the Second Additional Term is a condition precedent to the exercise of the option for the Third Additional Term. The renewal options set forth in this Article are exclusively for the benefit of Broward Regional Health Planning Council, Inc. and shall not


be available to any successor, assignee, subtenant or transferee of Broward Regional Health Planning Council, Inc. In the event of any assignment, subletting, or other transfer of Broward Regional Health Planning Council, Inc.'s interest in this Lease or the Leased Premises, this Article shall be deemed deleted from the Lease.

(B) Option Base Rent. In the event Tenant exercises its option to extend the Term of the Lease as provided above, the annual Base Rent for the first Lease Year of each Additional Term (the "Adjustment Year") shall be the lesser of (a) the Base Rent set forth in the Lease for the Lease Year which immediately precedes the applicable Additional Term plus one and one tenth percent (1.1%) (the "Adjustment Factor"), or (b) the then fair market rental ("Market Rate") applicable to the Leased Premises. On the commencement date of each Lease Year after the expiration of the Adjustment Year, the Base Rent for the forthcoming Lease Year will be an amount equal to the Base Rent for the immediately preceding Lease Year plus the Adjustment Factor. Each adjustment required by this subparagraph shall be automatic and effective as of the first day of the Lease Year in question.

(C) Determination of Market Rate. For purposes hereof the term "Market Rate" shall mean the annual amount per rentable square foot that comparable landlords of comparable shopping centers in the vicinity of the Shopping Center have accepted in Comparable Transactions. "Comparable Transactions" refers to shopping center leases executed within a twelve (12) month period prior to the commencement of the Adjustment Year that meet the following criteria (i) the tenant in question (the "Comparable Tenant") must have comparable financial strength and business experience as the Tenant; (ii) the premises demised to the Comparable Tenant must be (1) located within a shopping center of age size and quality substantially the same as the Shopping Center and (2) similar in size to the Leased Premises, and (3) the comparable space is for a same comparable use at the same level of finish, and (iii) the term of the lease must be no less than the unexpired Additional Term(s). The intent is that Landlord will obtain the same rent and other economic benefits that Landlord would otherwise make and receive in Comparable Transactions.

Landlord shall determine the Market Rate by using its good faith judgment and its experience in the marketplace. Landlord shall provide written notice of such amount within thirty (30) days after the date Landlord has received Tenant's Option Notice. Tenant shall have thirty (30) days ("Tenant's Review Period") after receipt of Landlord's notice of the new rental within which to provide Landlord with written notice either (i) accepting the Landlord's determination (the "Acceptance Notice") or (ii) objecting to the Landlord's determination (the "Objection Notice") and concurrently with the notice submitting to Landlord a report (the "Tenant's Report") prepared by a Qualified Broker (as hereinafter defined) selected by Tenant (the "Tenant's Broker") setting forth its determination of the Market Rate (the "Tenant's Market Rate") along with the Comparable Transactions used to determine the Tenant's Market Rate. The failure of Tenant to provide the Objection Notice or Tenant Report prior to the expiration of the Tenant's Review Period shall conclusively be deemed its approval of the Market Rate determined by Landlord.

Provided Tenant has submitted the Objection Notice and Tenant's Report to Landlord prior to the expiration of the Tenant's Review Period, then Landlord and Tenant shall attempt to agree upon such Market Rate using their best good faith efforts. If Landlord and Tenant fail to reach agreement within thirty (30) days following Landlord's receipt of the Objection Notice and Tenant's Report ("Outside Agreement Date"), then Tenant's Broker and Landlord shall each appoint a Qualified Broker within twenty (20) days thereafter. Once appointed, the two Brokers will have five (5) business days after the date both Brokers have been selected, to notify Landlord and Tenant in writing that either: (i) they have jointly determined which of the Landlord's Market Rate or Tenant's Market Rate is most reflective of Market Rate, or (ii) they have not been able to reach the foregoing determination, and as a result, have jointly selected a third Qualified Broker (the "Third Arbitrator"). The Third Arbitrator shall, within fifteen (15) days of his or her appointment, notify Landlord and Tenant, in writing, as to whether the Landlord's or Tenant's submitted Market Rate is in the Third Arbitrator's determination most reflective of the Market Rate. The decision of the Third Arbitrator shall be binding upon Landlord and Tenant. The decision of the Brokers and Third Arbitrator is limited solely to a determination as to whether the Landlord's or Tenant's submitted Market Rate is in their respective determination most reflective of the Market Rate; they are not permitted to average or arrive at some other compromise determination. Any fees charged by a Broker for participating in the determination of Market Rate, shall be borne by the party appointing the Broker; however, if a Third Arbitrator is selected, the costs charged by the Third Arbitrator shall be paid by Landlord and Tenant equally. For purposes of this Section, a "Qualified Broker" refers to commercial real estate appraiser who over a five (5) year period prior to its appointment has experience appraising Comparable Transactions in the vicinity of the Shopping Center. Neither the Landlord nor the Tenant's Broker or any person employed with the Tenant's Broker may act as the Third Arbitrator.

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35. Other Taxes. Notwithstanding anything to the contrary contained in the Lease, if applicable, Tenant shall pay directly to Landlord any tax or license fee, including but not limited to the Florida Rent Tax as set forth in Section 212.031 of the Florida Statutes, as heretofore and hereafter amended, measured by Tenant's gross Rents receivable by Landlord (e.g. Base Rent and all additional Rent) and reimbursements of utility charges, if any. That portion of such taxes attributable to each month's Rent shall be paid by Tenant to Landlord each month along with Tenant's monthly Rent payment. It shall be Tenant's responsibility to verify and maintain Tenant's exemption from any such tax; otherwise Tenant shall be responsible for its timely payment (see Article 41).

36. State Mandated Radon Notice. Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county public health unit.

37. No Construction Liens. Tenant shall have no power or authority to permit construction, mechanic's, materialmen's or other liens to be placed upon the Leased Premises in connection with maintenance, alterations, modifications or otherwise. The interest of Landlord shall not be subject to liens for improvements made by Tenant. Landlord shall not be liable for any work, labor or materials furnished to the Leased Premises by or through Tenant or anyone claiming through Tenant. No construction liens or other liens for any such work, labor or materials shall attach or affect the interest of Landlord in and to the Leased Premises. Landlord has recorded or shall record a notice as set forth in Section 713.10 of the Florida Statutes. This Lease itself shall not be recorded in the public records except at the option of Landlord.

38. Termination Right. Tenant shall have the right to terminate this Lease, upon the following terms and conditions: (i) Tenant provides written notice to Landlord (the "Termination Notice") no later than ninety (90) days prior to the date the Lease shall terminate (the "Lease Termination Date") that Tenant is exercising its right to terminate this Lease; (ii) the Lease is in full force and effect and Tenant is not in default thereunder and no act has occurred or is continuing which, after notice or lapse of time, or both, would constitute a default hereunder; (iii) Tenant includes with the Termination Notice evidence acceptable to Landlord that fifty (50%) percent or more of the funding or income in the aggregate for the programs administered at the Leased Premises has been terminated by the funding agency or agencies that sponsor such programs; and (iv) the Termination Notice is accompanied by Tenant's certified check payable to Landlord in an amount equal to the unamortized portion of the Tenant Improvement Allowance paid by Landlord to Tenant pursuant to Article 40 (which, for the purposes of this Article, will be amortized over a period of five (5) years at an interest rate of 6%), the Brokerage Commission, and the reasonable and actual legal fees incurred at the time the Termination Notice is delivered to Landlord (which fees will not exceed Three Thousand (\$3,000.00) Dollars). In the event that Tenant elects to terminate this Lease in accordance with the provisions of this Article, then and in such event the Lease shall terminate on the Lease Termination Date as if such date was the date originally set forth for the expiration of this Lease. The right to terminate contained in this Article is a limited one time right to terminate this Lease. A failure to strictly comply with the terms and conditions of this Article, TIME BEING THE ESSENCE OF THE RIGHTS GRANTED HEREUNDER, shall constitute a waiver of the rights granted to Tenant in this Article. Tenant will remain liable to Landlord for all payment obligations (including, without limitation, rent, additional rent, and tax, common area maintenance and insurance reimbursement, if any) and all other obligations under the Lease (including Tenant's obligation to insure the Leased Premises) accrued through (and including) the Lease Termination Date.

39. Surrender Right. (A) Tenant shall have the right to surrender to Landlord a portion of the Leased Premises, upon the following terms and conditions: (i) Tenant provides written notice to Landlord (the "Surrender Notice") no later than ninety (90) days prior to the date the Take Back Space (as hereinafter defined) shall be surrendered (the "Surrender Date") that Tenant is exercising its right to surrender under the Lease; (ii) the Lease is in full force and effect and Tenant is not in default thereunder and no act has occurred or is continuing which, after notice or lapse of time, or both, would constitute a default hereunder; (iii) Tenant includes with the Surrender Notice a detailed description of the portion of the Leased Premises being surrendered (the "Take Back Space") and evidence acceptable to Landlord that fifty (50%) percent or more of the funding or income for any program administered at the Take Back Space has been terminated by the funding agency; (iv) the Surrender Notice is accompanied by Tenant's certified check payable to Landlord in an amount equal to the unamortized portion of the prorata share of the Tenant Improvement Allowance for the Take Back Space paid by Landlord to Tenant pursuant to Article 40 (which, for the purposes of this Article, will be amortized over a period of five (5) years at an interest rate of 6%), the Brokerage Commission, and the reasonable and actual legal fees incurred at the time the Termination Notice is delivered to Landlord (which fees will not exceed Three Thousand (\$3,000.00) Dollars); and (v) service and charges for all utilities, electricity, water, lights and HVAC units at the Take Back Space

have been separated from the Leased Premises. In the event Tenant exercises this option, then from and after the ninetieth day (90th) after the Landlord receives the Surrender Notice the Base Rent payable by Tenant to Landlord shall be modified proportionately based upon the then current rent per square foot, and Tenant's pro-rata share of common area maintenance costs, insurance, and real estate taxes (as such terms are defined in the Lease) shall be modified accordingly.

(B) In the event Tenant exercises its right to surrender the Take Back Space to Landlord, Tenant shall, on or before the Surrender Date and at its sole cost and expense in compliance with all building and fire codes and ordinances (including the ADA): (a) erect a demising wall separating the Take Back Space from the remainder of the Leased Premises; (b) realign the utility lines for the Leased Premises and Take Back Space, as necessary, so that both the Take Back Space and the Leased Premises will have separately metered utilities; (c) construct a handicapped bathroom in the Take Back Space (if one does not currently exist); (d) adjust ceiling and lighting as needed; (e) adjust HVAC duct work as needed; (f) verify electrical circuits do not cross through wall and adjust as needed; (g) install emergency lights and exit signs as needed; (h) install duplex outlets per code on demising wall; (i) remove any existing unneeded water and sewer connections; (j) relocate ventilation system as needed; and (k) touch up paint; all such work being collectively referred to herein as "Tenant's Work."

(C) Prior to Tenant commencing any of Tenant's Work, Tenant shall submit to Landlord, for Landlord's written approval, complete detailed drawings and specifications in sufficient detail for Tenant to obtain all necessary building permits (hereinafter collectively referred to as "Plans") for Tenant's Work. Tenant shall comply with all legal requirements during its work and, when completed, Tenant's work must comply with all laws, ordinances, regulations or orders of public authority, and with the requirements of the appropriate Fire Insurance Rating Organization. Prior to the Surrender Date, Tenant shall obtain and deliver to Landlord a certificate of occupancy (or its local equivalent) for the Take Back Space. Tenant shall physically indicate the proposed location of the demising wall on the floor of the Leased Premises, notify Landlord's architect that the location has been marked and that construction of the wall is about to begin, and give Landlord's architect a reasonable opportunity to come to the Leased Premises and inspect the proposed placement of the wall. If any of Tenant's Work involves penetration of the roof surface, Tenant shall employ Landlord's roofing contractor, thereby ensuring that the roofing bond and/or warranty will remain in full force and effect. The maintenance of Tenant's roof work will be the sole responsibility of Tenant and shall include the repair of adjoining areas that might have been affected due to water penetration through Tenant's roof work.

(D) On or before the Surrender Date, Tenant shall deliver exclusive possession of the Take Back Space to Landlord: (i) vacant and free of all tenants, licensees or other occupants and free of all other persons claiming rights by, through or under Tenant; (ii) clear of all personal property and fixtures of Tenant, including, without limitation, Tenant's furniture, equipment, shelves, counters, carpeting, trade fixtures and signs; provided however, that the interior lighting fixtures, interior partitions, the heating, ventilating and air conditioning units and systems which service the Take Back Space and other utility systems which service the Take Back Space, whether located inside or outside the Take Back Space shall remain as Landlord's sole property undisturbed; and (iii) broom clean and in good condition and with all mechanical, plumbing, HVAC, and electrical systems in good working order. Tenant's removal of its property shall be done in a good and workmanlike manner so as not to interfere with the occupancy or business operations of other tenants in the Shopping Center, and Tenant shall thereupon surrender all remaining right, title and interest which Tenant may have in the Take Back Space. On the Surrender Date, Landlord shall have the right to conduct an inspection of the Take Back Space to ensure that the Take Back Space has been delivered as provided for herein. If any of Tenant's property shall remain after the Surrender Date, it shall be deemed abandoned and become the property of the Landlord but Tenant nevertheless shall be liable for costs of removal and disposal. If Tenant remains in possession of the Take Back Space beyond the Surrender Date, then Tenant shall pay Landlord during such holding over twice the amount of Base Rent which was in effect immediately prior to the Surrender Date; and Tenant hereby waives any right it may have under law or in equity to object to Landlord's use of reasonable force to dispossess Tenant to the extent permitted under applicable law.

(E) In the event Tenant exercises its right to Surrender the Take Back Space to Landlord, the amendments to the Lease contemplated herein shall be self-operative, without either party having the right to execute any further instruments. However, on request by Landlord, Tenant shall promptly execute an amendment to the Lease prepared by Landlord confirming the amendments to the Lease contemplated herein.

40. Adjacent Premises.

(A) Any premises located adjacent to the Leased Premises and on the same floor, are herein referred to as the "Adjacent Premises".

(B) In the event that during the term of the Lease the Adjacent Premises becomes vacant (for purposes of this Article "vacant" shall mean that the tenant in the Adjacent Premises is no longer occupying the Adjacent Premises, Landlord has legal possession of the Adjacent Premises, and the lease for the Adjacent Premises has expired or has been terminated) and Tenant is not in default of any provision of this Lease and nothing has occurred that upon notice and/or the passage of time would constitute a default, then, at any time prior to Landlord entering into negotiations with a prospective tenant to lease the Adjacent Premises, Tenant shall have the right to send written notice to Landlord advising Landlord that Tenant desires to lease the Adjacent Premises from Landlord on the same terms as is contained in the Lease for the Leased Premises, except that the Floor Area of the Leased Premises shall be increased and, if Tenant's written notice is received by Landlord after the end of the second Lease Year, the Base Rent for the Adjacent Premises shall be calculated at \$2.50 per square foot more than the Base Rent payable for the Leased Premises.

(C) If Tenant timely and properly notifies Landlord of its desire to lease the Adjacent Premises, Landlord shall prepare an Amendment to the Lease which would incorporate the Adjacent Premises into the Leased Premises, modify all Rent payable for the entire Leased Premises (i.e. The Leased Premises plus the Adjacent Premises), and forward it to Tenant for its execution. Tenant shall have ten (10) days within which to execute the Amendment and return it to Landlord. The Amendment shall then be effective on the first day of the first month after the Amendment has been fully executed by Landlord and Tenant. If Tenant does not return the Amendment timely, Tenant shall be deemed to have waived the rights created by this Article. TENANT'S TIME TO RETURN THE EXECUTED AMENDMENT SHALL BE OF THE ESSENCE.

(D) The entire Leased Premises (i.e. the Leased Premises plus the Adjacent Premises) shall be governed by the provisions of this Lease, as modified by the Amendment described above, except that: Landlord shall have no obligation to spend any money or perform any work in or to the Adjacent Premises in order to render it fit for Tenant's use or occupancy. Tenant hereby agrees to accept the Adjacent Premises in its then "as is" condition and to perform all work necessary to integrate and combine the Adjacent Premises with the Leased Premises and to render the Adjacent Premises fit for Tenant's use and occupancy as an integrated part of the Leased Premises.

(E) If, at the time Tenant notifies Landlord of its desire to Lease the Adjacent Premises it is not vacant, or Landlord has entered into negotiations with a prospective tenant for the Adjacent Premises, or an event has occurred under this Lease that could constitute a default of Tenant hereunder, Tenant shall have no right to lease the Adjacent Premises at that time; however, if it becomes vacant at some future date and Tenant is not in default at that time, Tenant shall continue to have the rights described herein.

(F) The rights contained in this Article are intended exclusively for the benefit of Broward Regional Health Planning Council, Inc. and shall not be available to any successor, assignee, subtenant or transferee of Broward Regional Health Planning Council, Inc.. In the event of any assignment or other transfer of Broward Regional Health Planning Council, Inc.'s interest in this Lease or the Leased Premises, this Article shall be deemed deleted from the Lease.

41. Tenant Improvement Allowance. (A) In consideration of Tenant's initial construction of the Leased Premises as institutional-class office space, and upon completion of its construction work in accordance with Tenant's Plans approved by Landlord ("Work"), Landlord agrees to contribute, towards the costs of the Work, but excluding any costs incurred for Tenant's personal property, furniture, trade fixtures, equipment, inventory, signs and/or architect's, engineering, or permitting fees, a sum equal to the lesser of (i) the actual cost of the Work, or (ii) \$588,680.00 (the "Tenant Improvement Allowance"). In the event that the cost of the Work exceeds the Tenant Improvement Allowance, such excess amount shall be borne solely by Tenant. Landlord agrees to pay Tenant the Tenant Improvement Allowance, provided that Tenant is not in default, within approximately thirty (30) days after Tenant has accomplished all of the following:

(a) Completed the work pursuant to all of the terms and conditions of this Lease and delivering to Landlord a final Certificate of Occupancy and any other approvals required by local government agencies (e.g. the fire department) to operate Tenant's business;

(b) Furnished Landlord with Tenant's notarized affidavit that all work, labor and materials have been paid for, and delivering to Landlord final notarized lien waivers, as well as paid invoices or statements, from (i) all contractors and subcontractors who performed work at the Leased Premises; and (ii) all materialmen and suppliers who provided materials and/or equipment used in connection with Tenant's work at the Leased Premises;

(c) Submitted to Landlord the Insurance certificate required under Article 14 of the Lease;

(d) All contingencies to the effectiveness of the Lease have been satisfied or waived;

(e) Fully fixtured, stocked and staffed the Leased Premises and opened for business;

(f) Paid the first month's Rent after the Rent Commencement Date has occurred;

and

(g) Submitted to Landlord the executed Tenant Estoppel Certificate attached to the Lease as Exhibit "D".

(h) Sent a written request to Landlord's Leasing Representative for the Shopping Center, which written request must specifically reference this Article and contain the documents set forth in (a), (b), (c) and (g) above; and in the event Tenant does not submit same to Landlord within one hundred eighty (180) days after the date Tenant opens for business, then Tenant shall forever relinquish and forfeit its right to the Tenant Improvement Allowance.

(B) Landlord and Tenant acknowledge and agree that any and all alterations, improvements, repairs or installations made by Tenant to or upon the Leased Premises which are funded by the Tenant Improvement Allowance, or the costs of which are reimbursed to Tenant by the Tenant Improvement Allowance, are and shall at all times remain the property of Landlord.

42. Exemption from the Florida Tax on Rents. Tenant represents and warrants to Landlord that Tenant is exempt from the Florida Tax on Rent (see Section 212.031 of the Florida Statutes), and that Tenant's Tax Exempt number is 85-8012529481C-7. Tenant has delivered to Landlord a true and complete copy of the certificate granting this status attached hereto as Exhibit "F". Tenant shall indemnify, defend, and hold Landlord harmless from and against all loss, costs, actions, damages or claims Landlord may be subject to as a result of the foregoing representation being false.

43. HVAC. The Landlord shall be responsible for maintaining the HVAC system during the Lease Term. Notwithstanding anything contained in the Lease to the contrary, if: i) the HVAC system fails to operate during the Lease Term; ii) the failure is not due to an act or omission of Tenant or its agents, employees or contractors; and iii) Landlord receives written notice from Tenant within three (3) days of the failure, Landlord shall restore the system to operating condition.

44. Landlord Work. On or before Landlord tenders possession of the Leased Premises to Tenant, Landlord shall (i) substantially complete the work described as "Landlord's Work" on Exhibit "B" and (ii) provide Tenant with three (3) sets of sealed Lease Outline Drawings for Tenant's renovation plans upon completion thereof.

45. Parking. Subject to Article 17, Tenant shall only be permitted to park their cars in the area designated by Landlord initially being those areas shown on the attached Exhibit "A". Landlord makes no representations that the parking area and Common Area will remain as shown and Landlord has the right to make any modifications or changes thereto.

46. Security for Tenant's Construction. To assure and secure Landlord that Tenant's work will be completed in accordance with Tenant's Plans and free of liens, simultaneously with Tenant's execution of this Lease Tenant shall deliver to Landlord a clean, unconditional, irrevocable letter of credit in favor of Landlord, ~~in substantially the form set forth on Exhibit "E"~~, in the amount of Five Hundred Eighty Eight Thousand Six Hundred Eighty no/100 (\$588,680.00) Dollars (the "Letter of Credit") issued by JP Morgan Chase Bank or another banking institution with a net worth of Five Hundred Million and no/100 Dollars (\$500,000,000.00) or more. The Letter of Credit must be capable of being presented, on a sight draft of the Landlord, in New York. The Letter of Credit is being delivered to Landlord to offer it security that all of the following conditions (collectively, the "Conditions") will be met regarding Tenant's work and the construction of Tenant's leasehold improvements at the Leased Premises:

(a) Completing the work pursuant to all of the terms and conditions of this Lease (including installation of a Landlord approved exterior storefront sign) free of all liens, and delivering to Landlord a final Certificate of Occupancy and any other approvals required by local government agencies (e.g. the fire department) to operate Tenant's business;

(b) Furnishing Landlord with Tenant's affidavit that all work, labor and materials have been paid for, and delivering to Landlord final lien waivers, as well as paid invoices or statements, from (i) all contractors and subcontractors who performed work at the Leased Premises; and (ii) all materialmen and suppliers who provided materials and/or equipment used in connection with Tenant's work at the Leased Premises;

(c) Fully fixturing, stocking and staffing the Leased Premises and opening for business to the public; and

(d) Paying the first month's Rent after the Rent Commencement Date has occurred.

If all of the foregoing Conditions are met and such reasonably satisfactory evidence of same has been furnished to Landlord by a date which is no later than two hundred seventy (270) days after the date this Lease is fully executed by Landlord and Tenant, Landlord will make commercially reasonable efforts to return the Letter of Credit to Tenant within fifteen (15) days, Landlord's failure to deliver such a Letter of Credit within such time period shall not constitute a default. If prior to such 270th day all Conditions have been met and evidence thereof furnished to Landlord, but such evidence is not reasonably satisfactory to Landlord, Landlord agrees to give Tenant written notice containing the reason for such dissatisfaction, and Tenant shall thereupon have a period of ten (10) days from the date of such notice to cure such deficiency and furnish such evidence to Landlord's reasonable satisfaction before Landlord draws the Letter of Credit.

If any of the Conditions have not been fully satisfied (including furnishing reasonably satisfactory evidence of same as aforesaid, subject to the last sentence of the preceding paragraph) by a date which is two hundred seventy (270) days after the date this Lease is fully executed by Landlord and Tenant, Landlord shall have the right to draw the full amount of the Letter of Credit. Landlord shall have the right, but not the obligation, to use the proceeds thereof to complete construction of Tenant's work and obtain a Certificate of Occupancy and/or pay the cost of any liens upon the Leased Premises, or retain all such sums as liquidated damages.

In addition to the full draws set forth above, if at any time there shall exist a default by Tenant under this Lease which is related to or constitutes a failure of a Condition (including by way of example and not limitation a mechanics lien not discharged within the time period provided for same in this Lease), then regardless of the fact that this Lease may not have been terminated for such default, Landlord may at its option make a partial draw of the Letter of Credit in the amount Landlord reasonably estimates is required to cure such default.

END OF RIDER B


 05/04/2011

EXHIBIT A

This site plan is intended to be an approximate depiction of the Shopping Center. No representation or warranty is made with respect to the actual location, number or configuration of Buildings, Curb Cuts, Abutting Thoroughfares, Parking Areas, Traffic Patterns, or of the Tenants intended to be within the Shopping Center. The Landlord specifically reserves the right to change the content and configuration of the Shopping Center from time to time and at any time the Landlord desires in its sole and absolute discretion, or as is required to conform to Local Governing Agencies.

The leased premises shall be the area identified below.

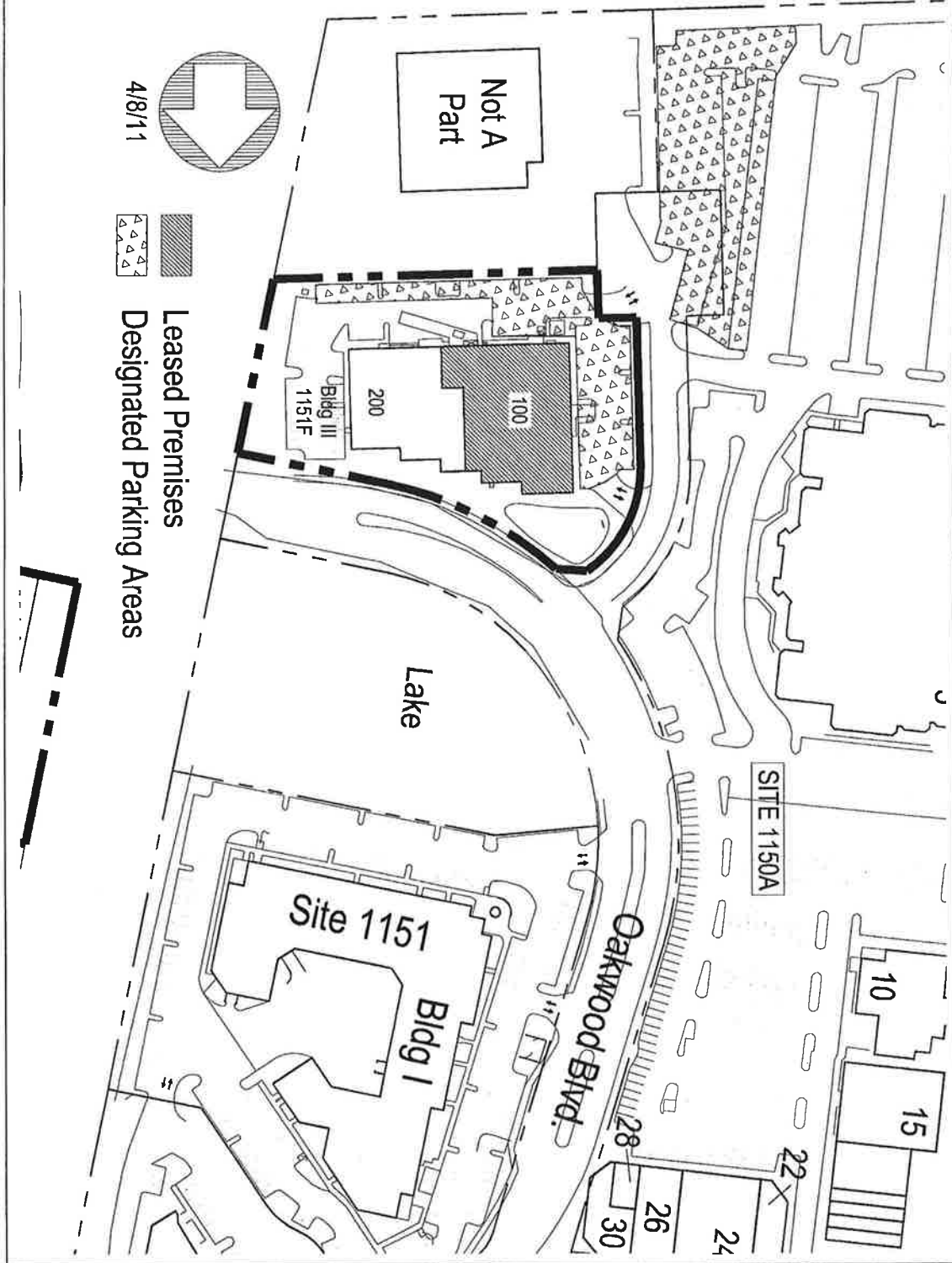


EXHIBIT "B"

LANDLORD WORK

Landlord will tender the space in the following condition:

- Existing concrete slab, clean and ready for tenant finish
- Existing glass storefront and doors
- Existing rear doors and one (1) roll-up door
- Existing open structure (no ceiling or drywall or interior finishes)
- Existing Main Electrical panel only. No wiring or circultry throughout the premises.
- Existing water and sewer connection stub ups.
- Remove exterior HVAC equipment and other mounted equipment from roof and/or ground.
- Repair any roof damage.


 05/04/2011

EXHIBIT "B-1"

INDEMNITY AGREEMENT

This INDEMNITY AGREEMENT pertains to work to be performed at the Oakwood Business Ctr. #3, and located in Hollywood, Florida, herein referred to as "Shopping Center" (Kimco Site SFLH1151F)

By SEGRAVES CONS. LLC (herein referred to as "Contractor"), having an address at: 100 N ROAD 7 MARGATE, FL 33063

and is part of the Contract with

BRHPC (herein referred to as "Tenant"), having an address at 915 MIDDLE RIVER DR. FT. LAUD, FL 33304

which Contract is dated 5/5/11, for work to be done at the Shopping Center from approximately MAY 5, 2011 through NOVEMBER 4, 2011.

Contractor acknowledges that Tenant is contractually obligated to obtain this Agreement under a lease for its store at the Shopping Center. Contractor has entered into this Agreement in order to induce Tenant to retain Contractor to perform certain work at its store.

Contractor hereby agrees to INDEMNIFY, SAVE & HOLD HARMLESS Oakwood Business Center LP, and Kimco Realty Corporation, hereinafter collectively referred to as Landlord, its respective agents and employees, assigns, and architects of and from all liabilities, claims, losses, damages, injury, causes of actions and suits of whatever nature for personal injury, including death, and for property damage, arising out of or alleged to arise out of, or any conditions of, the work performed under this Contract, whether by Contractor or by any sub-contractor, and whether any claim, cause of action, or suit is asserted against Landlord or its agents and employees, assigns, and architects, or Contractor, severally, jointly, or jointly and severally. Contractor hereby agrees to INDEMNIFY, SAVE & HOLD HARMLESS Landlord, its agents and employees, assigns, and architects of and from any and all costs of any nature, including without limitation investigation, adjustment, attorney's fees, expert's fees, court costs, administrative costs, and other items of expense arising out of any claim, cause of action or suit of the kind and nature herein set forth.

Neither Contractor nor any sub-contractor shall file any mechanic's, materialmen's, or other liens either against the Leased Premises or the Shopping Center from any work, labor, services or materials supplied or performed by Contractor or by any sub-contractor. Contractor hereby agrees to INDEMNIFY, SAVE & HOLD HARMLESS Landlord, its agents and employees, assigns, and architects of and from any and all costs of any nature, including without limitation investigation, adjustment, attorney's fees, expert's fees, court costs, administrative costs, and other items of expense arising out of any mechanic's, materialmen's, or other liens filed against the either against the Leased Premises or the Shopping Center by Contractor or by any sub-contractor.

Contractor hereby agrees that it will obtain Comprehensive General Liability insurance including Blanket Contractual Liability with minimum amount of \$2,000,000.00 Combined Single Limit for bodily injury and property damage.

Additionally, Contractor must also obtain Workers Compensation and Occupational Disease insurance with statutory limits and form as required by the State in which the work is to be performed, and Employer's Liability with a limit of not less than \$1,000,000.00 for all damage.

Certificates for all insurance will be submitted to Landlord before commencement of any work. ~~The Certificates must indicate that the "HOLD HARMLESS AGREEMENT" contractual indemnity as set forth in this agreement is insured.~~ Landlord must be named as an additional insured and the policy must provide that no less than 15 days advance written notice will be given to both the party to whom such Certificates are issued and the additional insured in the event of cancellation of the policies or a reduction in the limits of liabilities set forth above. At Landlord's request, Contractor will immediately furnish Landlord with a true and complete copy of any insurance policy Landlord wants to renew. No invoices for payments will be honored

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unless such Certificates of Insurance (or the policy, if requested) had been filed timely with Landlord at 3333 New Hyde Park Road, Suite 100, New Hyde Park, NY 11042-0020.

Contractor acknowledges that Landlord did not retain Contractor to perform any work at the Shopping Center and agrees that Contractor will not look to Landlord for any compensation whatsoever for any work it performs at the Shopping Center.

IN WITNESS HEREOF, this Contractor has executed this Agreement

this 5th day of MAY, 2011.

CONTRACTOR:


By: 
Name: JAMES M. BEESON, JR
Title: VICE PRESIDENT

EXHIBIT "C"

RULES AND REGULATIONS

In addition to the terms and provisions of this Lease, Tenant shall, at its own cost and expense, comply, and cause all of its permitted subtenants, licensees and other occupants of the Leased Premises to comply, with the following rules and regulations throughout the entire term of the Lease,;

1. USE; CONDUCT OF BUSINESS.

(a) All tenants shall conduct business in all respects in a dignified manner in accordance with the highest standards of decency and morals prevailing in the community in which the Shopping Center is located.

(b) Tenant shall not engage in any illegal, unethical or unfair method of business operation, advertising, or interior display, if, in the Landlord's opinion, the continued use thereof would impair the reputation of the Shopping Center as a desirable place to shop or is otherwise out of harmony with the general character thereof, and upon notice from Landlord, Tenant shall forthwith refrain from or discontinue such activities.

(c) Tenant shall obtain and maintain in effect all permits and licenses necessary for the operation of the Tenant's business as herein provided.

(d) No tenant shall stock, store or warehouse merchandise on the Leased Premises which such tenant does not intend to offer for sale from the Leased Premises.

(e) No security gates or enclosures shall be placed across the outside front of the Leased Premises without obtaining the prior written consent of the Landlord.

(f) Tenant shall at all times maintain an adequate number of suitable fire extinguishers on its Leased Premises (as per the local fire code) for use in the case of local fires, including electrical or chemical fires.

2. GARBAGE, WASTE DISPOSAL.

(a) Tenant shall keep the Leased Premises clean and free from refuse, rubbish, and garbage. Tenant shall not burn any trash or garbage of any kind in and about the Leased Premises or the Shopping Center, and shall not allow any of its domestic or business waste to be thrown or discharged into the storm sewers at the Shopping Center.

(b) Tenant shall temporarily store within the Leased Premises, all garbage, waste and refuse in adequate containers, which shall be maintained in a neat and clean condition, and then regularly removed at Tenant's expense and, if Landlord opts, only by a contractor designated by Landlord, provided its price is competitive. In all cases trash and garbage shall be disposed of in such manner so as not to create or permit any health hazard or fire hazard.

3. MUNICIPAL REGULATIONS.

No tenant shall do or permit anything to be done in the Leased Premises, or bring or keep anything therein, which shall conflict with the regulations or ordinances established by any governmental authority having jurisdiction over the Shopping Center, the Leased Premises, or Tenant's business conducted therein.

4. ELECTRICAL USE.

Tenant shall not install, operate or maintain in the Leased Premises any electrical equipment which does not bear underwriters approval or which will overload the electrical system beyond its capacity for proper and safe operation as reasonably determined by Landlord in light of the overall system and requirements therefor in the Shopping Center.

5. PLUMBING.

The plumbing facilities shall not be used for any other purpose than the use for which they are constructed, and no foreign substance of any kind shall be thrown therein, and in addition to any other remedy, the expense of any breakage, stoppage or damage resulting from a violation of this provision shall be borne by Tenant.

6. SIGNS; SIDEWALKS.

(a) The outside areas immediately adjoining the Leased Premises shall be kept clean and free from dirt and rubbish by the Tenant to the satisfaction of the Landlord and Tenant shall not place or permit any obstruction or merchandise in such areas, nor conduct any business there from.

(b) Tenant shall maintain any permitted show windows (interior and exterior) in a clean, neat, orderly condition.

(c) No awnings or other projections shall be attached to the outside walls of the Building, no window shades, blinds, drapes or other window coverings shall be hung in the Leased Premises (other than as specified in this Lease), and no solar filming or window tinting shall be performed, without the prior written consent of Landlord.

(d) Subject to applicable governmental restrictions and requirements, and the general safety and appearance of the Shopping Center, in Landlord's sole and absolute discretion, the

sidewalks immediately adjacent to the Leased Premises may be used by Tenant for the (i) the temporary storage of shopping carts, and/or (ii) the temporary display and sale of seasonal items.

7. ROOF.

Tenant shall have no right to use (a) any part of the roof of the Leased Premises except to mount HVAC equipment when and where necessary and security cameras at appropriate locations at Tenant's sole choosing; or (b) the building of which they are a part, for any purpose whatsoever without first procuring the written consent of the Landlord pertaining thereto. No aerial or dish shall be erected on the roof or exterior walls of the Leased Premises, or on the grounds, without in each instance, the written consent of the Landlord, and the approval, if required, of the local municipality. Any aerial or dish so installed without such written consent may be removed by Landlord at any time and Landlord shall not be liable for such removal.

8. NUISANCE.

(a) Tenant shall keep the Leased Premises free from nuisance, noises or odors objectionable to the public, to other tenants or to the Landlord.

(b) Without the prior written consent of the Landlord, no loud speakers, televisions, phonographs, radios or any other device or advertising medium, such as, but not limited to, flashing lights, searchlights, loudspeakers, phonographs television or radio broadcasts, shall be used in a manner so as to be heard or seen outside of the Leased Premises

(c) Tenant shall not, without prior written consent of Landlord, operate on the Leased Premises or in any part of the Shopping Center any coin or token operated vending machine or similar device (including amusement devices, pay lockers, pay toilets, scales, and machines for the sale of foods, candy, or other commodities).

9. COMMON AREAS; PARKING.

(a) In no event shall the Common Areas be used for any purpose other than the parking of automobiles of customers and employees of the Shopping Center and for access to and from the stores in the Shopping Center, unless otherwise provided in the Lease or upon Landlord's prior written consent.

(b) All parking ramps and areas, pedestrian walkways, and plaza and other public and common areas forming a part of the Shopping Center, if any, shall be under the sole and absolute control of Landlord, who shall have the exclusive right to regulate and control these areas. In addition, Landlord shall in all cases retain the right to control or prevent access to the Shopping Center by all persons whose presence in the judgment of Landlord shall be prejudicial to the safety, character, reputation or interests of the Shopping Center and its tenants.

(c) The parking of vehicles of employees of tenants shall be done only in those areas designated by Landlord and in the cross approved parking as noted in Exhibit A, which may be changed from time to time in Landlord's sole discretion. There shall be no overnight parking of any vehicle for any reason whatsoever anywhere on the Shopping Center property. Vehicles found in violation of this rule are subject to being towed at the owner's expense without prior notice. At no time shall Tenant or its respective employees be allowed to park in the parking area immediately in front of any other store or buildings in the Shopping Center except as provided above and in Exhibit A.

(d) Tenant shall not allow shopping carts to remain outside of the Leased Premises, or in the parking and common areas, or upon the sidewalks, and shall remove same after utilization of the shopping cart by its customer.

(e) Tenant shall not sell alcoholic beverages for consumption in or about the parking and common areas of the Shopping Center.

(f) Canvassing, soliciting, picketing, and peddling in the Common Areas or Parking Areas are prohibited without Landlord's prior written consent.

(g) No explosives or firearms shall be brought into the Leased Premises or the Shopping Center.

(h) Neither Tenant nor any person claiming by or through Tenant, shall, in or on any part of the Common Areas: (i) distribute any circular, booklet, handbill, placard, or other material, engage in any conduct that might tend to interfere with or impede the use of any of the Common Areas by any customer, business invitee, employee, or tenant of the Shopping Center, create a disturbance or harass, annoy, or be detrimental to the interest of any of the retail establishments within the Shopping Center.

10. DELIVERIES.

(a) The delivery or shipping of merchandise, supplies and fixtures to and from the Leased Premises shall be subject to such rules and regulations as in the judgment of the Landlord are necessary for the proper operation of the Shopping Center. All deliveries or removals, or the carrying in or out of any freight, furniture, or bulky matter of any description must take place at the time and in the manner which Landlord may determine from time to time.

(b) Tenant shall endeavor to schedule deliveries and the activity of delivery trucks and vans during hours other than those during which the Shopping Center is open to the public for business. All loading and unloading of goods shall be done only in the areas, and through the entrances designated for such purposes by Landlord.

 05/04/2011

11. NON-COMPLIANCE.

(a) Non-compliance with any of these rules and regulations after notice by Landlord shall be considered a default under this Lease. In such event, Landlord may remove or cure such non-compliance without any liability, and may charge the expense incurred in such removal or cure to the tenant violating the rule and regulation. In addition, Landlord may, at Landlord's option, charge the Tenant a penalty of \$50.00 per day for each infraction of the Rules and Regulations, until cured by Tenant, such penalty to be in addition to and not cumulative with any other penalty or charge provided in the Lease. All penalties will be due and payable with the following months rent.

(b) Landlord shall have no liability for violation by any other tenant of the Shopping Center of any rules and regulations nor shall such violation of the waiver thereof excuse Tenant from compliance.

12. AMENDMENTS.

Landlord reserves the right, from time to time, to suspend, amend or supplement the foregoing rules and regulations adopt and promulgate additional rules and regulations applicable to the Shopping Center. Notice of such rules and regulations and amendments and supplements thereto, if any, shall be given to the Tenant. Tenant agrees to comply with all further rules and regulations for the use and occupancy of the Shopping Center as the Landlord, in its sole discretion, from time to time promulgates for the best interests of the Shopping Center.

END OF EXHIBIT "C"

EXHIBIT "D"

TENANT ESTOPPEL CERTIFICATE

Re: Lease dated _____ by and between Oakwood Business Center LP, as Landlord, and Broward Regional Health Planning Council, Inc., as Tenant, for premises located at Oakwood Business Ctr. #3 in Hollywood, Florida, as amended by _____ [if no amendments state **NONE**] (collectively, the "Lease").

To Landlord, any mortgagee, and whomever else it may concern:

The undersigned Tenant under the Lease certifies that as of this date, the status of the Lease is as follows:

- (1) The Lease constitutes the entire and only agreement between the Landlord and the Tenant with respect to the demised premises identified therein; and
- (2) The Lease is in full force and effect, and the Tenant does not have nor is entitled to any credit, offset or claim against the obligation to pay rent or other charges, either by reason of prepayment thereof, Landlord's acts or omissions, or for any other reason otherwise; and
- (3)
 - (a) The commencement date of the Lease was _____.
The expiration date of the Lease is _____.
 - (b) There are no options remaining unexercised on the part of the Tenant to renew the Lease except: _____
 - (c) Monthly minimum rents, for the current term, are payable as set forth:
[dates] _____ \$ _____ **monthly**
[dates] _____ \$ _____ **monthly**
 - (d) Tenant is responsible for payment of any tax on rents (Florida Sales Tax on Rent and Additional Rent).
- (4) Tenant is open for business in the premises; and
- (5) The Tenant has the right to cancel or terminate the Lease under certain conditions as set forth in the Lease, no option or right to purchase the premises or the shopping center property or any part thereof; and no right of first refusal whatsoever; and
- (6) The security deposit being held by the Landlord on the date hereof in accordance with the Lease is _____; and
- (7) All guaranteed minimum rent, common area maintenance charges, real estate taxes, additional rent, and other sums payable by Tenant under the Lease have been fully paid in accordance with the provisions of the Lease; and
- (8) Tenant has not been granted and is not entitled to any free rental or any concession in or abatement of rent; and
- (9) All work, if any, to be performed by Landlord has been heretofore completed to the full satisfaction of Tenant; and
- (10) No default exists under the Lease on the part of either Landlord or Tenant; and
- (11) No installment of Rent has been paid more than one (1) month in advance; and

05/04/2011

This certificate shall be binding upon Tenant and its successors and assigns (if any); and is given with the knowledge that it may be relied upon by Landlord (and/or its assignee and/or successors-in-interest as owners of the Shopping Center, and its lending institution, if any).

TENANT:
BROWARD REGIONAL HEALTH
PLANNING COUNCIL, INC.

WITNESS:

By: _____
Name:
Title:
Date:

EXHIBIT "E"

FORM OF LETTER OF CREDIT

{LETTERHEAD OF LETTER OF CREDIT BANK}

_____[DATE]

Attention: _____

Re: Irrevocable Transferrable Letter of Credit
No. _____

Beneficiary:

By order of our client, _____ (the "Applicant"), we hereby establish this Irrevocable Transferrable Letter of Credit No. _____ in your favor for an amount up to but not exceeding the aggregate sum of _____ and No/100 Dollars (\$ _____) (as reduced from time to time in accordance with the terms hereof, the "Letter of Credit Amount"), effective immediately, and expiring on the close of business at our office at the address set forth above one year from the date hereof unless renewed as hereinafter provided:

Funds under this Letter of Credit are available to you on or prior to the expiry date against presentation by you of your (i) sight drafts drawn on us in the form of Annex 1 hereto, indicating this Letter of Credit number and (ii) request in the form of Annex 2 hereto (such sight draft and request, together referred to as a "Drawing Request"); sight draft(s), completed and signed by one of your officers. Presentation of your Drawing Requests may be made by you to us at the address set forth above or may be made by facsimile transmission, to the following facsimile number _____. You may present to us one or more Drawing Requests from time to time prior to the expiry date in an aggregate amount not to exceed the Letter of Credit Amount then in effect (it being understood that the honoring by us of each Drawing Request shall reduce the Letter of Credit Amount then in effect).

This Letter of Credit will be automatically renewed for a one year period upon the expiration date set forth above and upon each anniversary of such date, unless at least sixty (60) days prior to such expiration date, or prior to any anniversary of such date, we notify both you and the Applicant in writing by certified mail that we elect not to so renew the Letter of Credit.

This Letter of Credit sets forth in full the terms of our undertaking and such undertaking shall not in any way be modified, amended or amplified by reference to any document or instrument referred to herein or in which this Letter of Credit is referred to or to which this Letter of Credit relates, and no such reference shall be deemed to incorporate herein by reference any document or instrument.

All bank charges and commissions incurred in this transaction are for the Applicant's account.

This Letter of Credit is transferrable by you and your successors and assigns any number of times in its entirety and not in part, but only by delivery to us of a Notice of Assignment in the form of Annex 3 hereto.

We hereby agree with the drawers, endorsers, and bona fide holders of drafts drawn under and in compliance with the terms of this Letter of Credit that such drafts will be duly honored upon presentation to the drawee from our own funds and not the funds of the Applicant and shall be available to such drawers, endorsers, and bona fide holders, as the case may be, on or before noon, New York time, on the Business Day (defined below) next following the date on which such drafts are received by us. "Business Day" shall mean any day which is not a

~~Saturday, Sunday or day on which we are required or authorized by law to be closed in New York, New York.~~

~~—To the extent not inconsistent with the express terms hereof, this Letter of Credit shall be governed by, and construed in accordance with, the terms of the Uniform Customs and Practice for Commercial Documentary Credits (1993 Revision), I.C.C. Publication No. 500 (the "UCP 500") and as to matters not governed by the UCP 500, this Letter of Credit shall be governed by and construed in accordance with the laws of the State of New York.~~

Very truly yours,

[NAME OF LETTER OF CREDIT BANK]

By: _____
Name: _____
Title: _____



05/09/2011

27

8V
FORM 495

ANNEX I

SIGHT DRAFT

_____200_____

For value received, at sight pay to the order of _____, the
sum of [Amount in words] [Amount in Figures] United States Dollars drawn under [Name of
Letter of Credit Bank] Irrevocable Transferrable Letter of Credit No. _____ dated
_____, 200_____.

By _____

Name:
Title:

MD

05/09/2011

28

BY
FORM 495

DRAWING REQUEST

_____, 200_

[NAME AND ADDRESS OF LETTER OF CREDIT BANK]

Re: Irrevocable Transferrable Letter of Credit No. _____ (the "Letter of Credit")

The undersigned (the "Beneficiary"), hereby certifies to [Name of Letter of Credit Bank] (the "Issuer") that:

(a) The Beneficiary is making a request for payment in lawful currency of the United States of America under Irrevocable Transferrable Letter of Credit No. _____ (the "Letter of Credit") in the amount of \$_____.

(b) The Letter of Credit Amount (as defined in the Letter of Credit) as of the date hereof and prior to payment of the amount demanded in this Drawing Request is \$_____. The amount requested by this Drawing Request does not exceed the Letter of Credit Amount.

(c) Demand is made for payment under the Letter of Credit as a result of the Applicant's failure to comply with terms of the Lease Agreement and/or complete or make full payment for the completion of the [Initial Improvements] (as defined in the Lease Agreement).

Please wire transfer the proceeds of the drawing to the following account of the Beneficiary at the financial institution indicated below:

Unless otherwise defined, all capitalized terms used herein have the meanings provided in, or by reference in, the Letter of Credit.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Drawing Request as of the ___ day of _____, 200_.

By: _____
Name: _____
Title: _____

NOTICE OF ASSIGNMENT

_____, 200_

[NAME AND ADDRESS OF
LETTER OF CREDIT BANK]

Re: Irrevocable Transferable Letter of Credit No. ____

The undersigned (the "Beneficiary"), hereby notifies [Name of Letter of Credit Bank] (the "Issuer") that it has irrevocably assigned the above referenced Letter of Credit to ____ (the "Assignee") with an address at _____ effective as of the date the Issuer receives this Notice of Assignment. The Assignee acknowledges and agrees that the Letter of Credit Amount may have been reduced pursuant to the terms thereof, and that the Assignee is bound by any such reduction.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Notice of Assignment as of this ____ day of _____, 200_.

By: _____
Name: _____
Title: _____

Agreed:
[Assignee]

EXHIBIT "F"

00004



Consumer's Certificate of Exemption

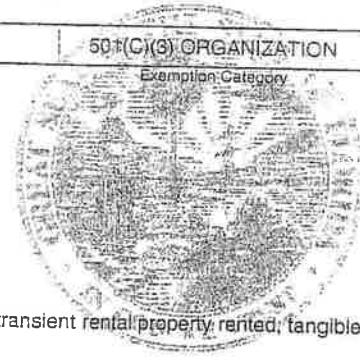
Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/05
06/07/06

| | | | |
|--------------------|----------------|-----------------|------------------------|
| 85-3012529461C-7 | 08/15/2006 | 08/31/2011 | 501(C)(3) ORGANIZATION |
| Certificate Number | Effective Date | Expiration Date | Exemption Category |

This certifies that

BROWARD REGIONAL HEALTH PLAN COUNCIL INC
915 MIDDLE RIVER DR STE 120
FORT LAUDERDALE FL 33304-3559



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.



05/04/2011



CITY OF HOLLYWOOD
 TREASURY SERVICES DIVISION
 LOCAL BUSINESS TAX RECEIPTING
 2600 HOLLYWOOD BLVD, ROOM 103
 HOLLYWOOD, FL 33020

RECEIVED
 SEP 17 2014
 [Signature]

BROWARD REGIONAL HEALTH PLAN
 200 OAKWOOD LN
 STE-100
 HOLLYWOOD FL 33020

712 41372



CITY OF HOLLYWOOD LOCAL BUSINESS TAX RECEIPT

PRINT DATE: 9/15/14

THIS IS YOUR LOCAL BUSINESS TAX RECEIPT. PLEASE DETACH AND POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION. PLEASE DO NOT REMIT ANY PAYMENT. **THIS IS NOT A BILL.**

Business Name: BROWARD REGIONAL HEALTH PLAN
Business Location: 200 OAKWOOD LN
 Business Class: BUSINESS OFFICE/BOOKKEEPING
 Tax Basis: OVER 50 WORKERS
 Receipt Number: 15 00050220
 Receipt Year: 10/01/14
 Expiration Date: 09/30/15

| | |
|--------------------------------------|-----|
| NEW CHARGES: (Itemized Below) | .00 |
| Base Fee | .00 |
| Additional Charges: | |
| | .00 |
| | .00 |

Comments:

NONPROFIT/CHARITABLE

| | |
|---------------------------|-----|
| TOTAL NEW CHARGES: | .00 |
| Penalty Amount: | .00 |
| Previous Balance Due: | .00 |
| TOTAL AMOUNT PAID: | .00 |

PURSUANT TO STATE LAW, THE LOCAL BUSINESS TAX IS LEVIED ON THE PRIVILEGE OF DOING BUSINESS WITHIN A CITY'S LIMITS, AND IS NON-REGULATORY IN NATURE. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT BY THE CITY OF HOLLYWOOD DOES NOT MEAN THAT THE CITY HAS DETERMINED THAT THE EXISTING OR PROPOSED USE OF A LOCATION IS LAWFUL. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT DOES NOT LEGALIZE OR CONDONE THE NATURE OF THE BUSINESS BEING CONDUCTED IF CONTRARY TO ANY LOCAL, STATE OR FEDERAL LAWS OR REGULATIONS.



Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100
Hollywood, Florida 33020-1929

T: (954) 561-9681
F: (954) 561-9685
E: info@brhpc.org

Administration

BOARD OF DIRECTORS

Barbara S. Effman, M.P.H.
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Albert C. Jones, MA
Leilani Kicklighter, MBA, ARM, RN
Samuel F. Morrison, BA, MLS
Daniel Lewis
Jasmin Shirley, MSPH
Cary Zinkin, D.P.M.

Michael De Lucca, MHM
President and CEO

Equal Opportunity Employer

ATTACHMENT 1.8.3
DECLARATION OF NO LIENS

I, Michael De Lucca, President and CEO, Broward Regional Health Planning Council, Inc. do hereby state the following:

- 1. As indicated in the attached search for Broward Regional Health Planning Council Inc. 200 Oakwood Lane, there were no liens against the organization or the property from January 1, 1978 through May 7, 2015.

In witness whereof, I have set my hand of said corporation in Hollywood, Florida on this 6th day of May, 2015.

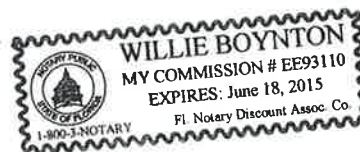
Michael De Lucca, President and CEO

State of FLORIDA
County of BROWARD

Before me personally appeared Michael De Lucca, and know to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that Michael De Lucca executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this 6th day of May, 2015.

Notary Public, State of Florida



- Search Records
- ▶ Name
- ▶ Book / Page
- ▶ Instrument #
- ▶ Document Type
- ▶ Consideration
- ▶ Record Date
- ▶ Simple Searches

Party Type: Both

Name:

Document Type:

or Category:

Begin Date:

End Date:

Search Returned 0 results

Directions

1. Enter a name last name then first like "Sparks,Shelton"
2. Name must be at least 3 characters long
3. Select a category of documents to search.
4. Select / Enter a beginning date range.
5. Select / Enter an ending date range.
6. Click Search.

Important Message

Book/Page search is not available for Official Records (O book) documents recorded on or after January 1, 2015. The last Official Records book/page was 51356/1541 recorded on December 31, 2014.

[CLICK HERE TO REMOVE OR BLOCK INFORMATION FROM PUBLIC RECORD](#)

If you are experiencing any problems, please check the Support link located at the top right side of the screen.

Documents recorded between 1953 and 1977 can be searched by Book/Page only.

Search Records

Searched for the name 'Broward Regional Health Planning Council' in LIE, PALIE, NIP, NCP, NCL type documents from '1/1/1978' to '5/7/2015'
0 Results Returned

Tab 47 – Provider Appendices

Not Applicable No Material

BROWARD REGIONAL HEALTH PLANNING COUNCIL

ANNUAL REPORT 2013-2014



Broward Regional Health Planning Council

BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS

www.BRHPC.org

***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.*

ABOUT BRHPC

BOARD OF DIRECTORS

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Mark Dissette, MBA
Albert C. Jones, MA
Leilani Kicklighter, MBA, ARM, RN
Samuel F. Morrison, BA MLS
Cynthia Peterson
Jasmin Shirley, MSPH
Cary Zinkin, DPM

Michael De Lucca, MHM
President and CEO

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 McNerney

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

Broward Regional Health Planning Council



BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.
WWW.BRHPC.ORG
MAP OF SERVICES 2013-2014

BOARD OF DIRECTORS

| | |
|---|--|
| Barbara S. Effman, MPH <i>Chair</i> | David Roach, BA <i>Vice Chair</i> |
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| Leilani Kidlighter, MBA, ARM, RN | |
| Michael De Lucca, MHM <i>President and CEO</i> | |

DIRECT SERVICES

PLANNING

CAPACITY BUILDING



DIRECT SERVICES

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

HEALTHY FAMILIES BROWARD

| Funders | Contract Year |
|------------------------------|------------------------------|
| Children's Services Council | Oct 1, 2013 - Sept 30, 2014 |
| Ounce of Prevention | July 1, 2013 - June 30, 2014 |
| United Way of Broward County | July 1, 2013 - June 30, 2014 |

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 children in families who complete the program shall have no "verified" findings of child maltreatment <i>within 12 months after completion.</i> | 96% |
| 85% of target children will be up-to-date with well-child checks at 6 months of age. | 88% | 95% of the children in families participating in the program for more than six months shall have no "verified" findings of child maltreatment <i>during their participation.</i> | 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.

A graphic with three hexagonal images and two text boxes. The left image shows a home visitor in a white coat. The right image shows a graduate in a white gown holding a diploma. The text boxes contain testimonials.

"My home visitor is always listening and offers any resources that she can think of to better help my child and myself. Ever since I entered the program she's been caring and understanding."

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

NURSE FAMILY PARTNERSHIP

| Funder | Contract Year |
|--|-----------------------------|
| Maternal Infant Early Childhood Home Visitation Grant (provided through the Florida Association of Healthy Start Coalitions) | Oct 1, 2013 - Sept 30, 2014 |

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

Funder

Health Foundation of South Florida

Contract Year

Feb 13, 2013 – Feb 14, 2014

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)



*Living Healthy workshop participants at
The Coolidge Palms*

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

| Funder | Contract Year |
|---------------------------|---------------------------------|
| Broward County Government | March 1, 2011-February 28, 2012 |
| | March 1, 2012-February 28, 2013 |
| | March 1, 2013-February 28, 2014 |
| | March 1, 2014-February 28, 2015 |

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

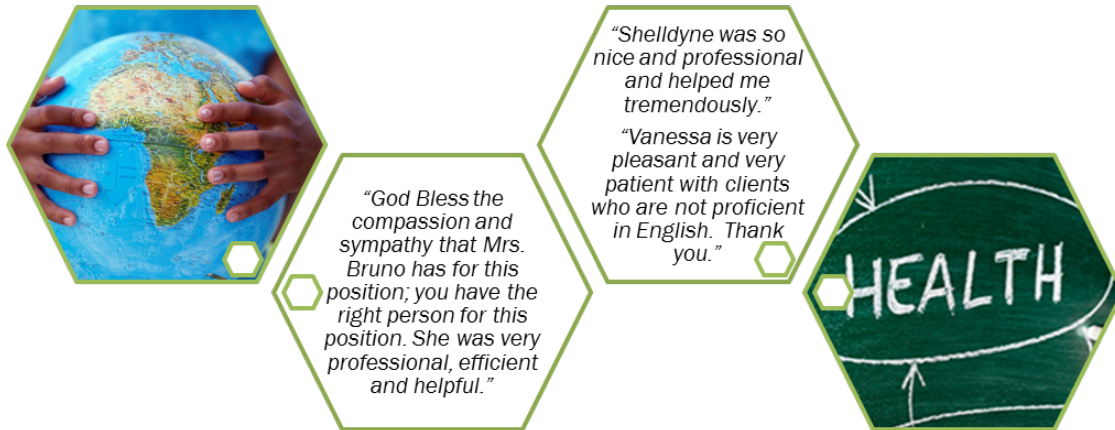
Centralized Intake & Eligibility Clients Served: 7,391

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

- Broward Health
 - Broward House
 - Care Resource
 - Children’s Diagnostic and Treatment Center
 - Memorial Healthcare System
 - The Poverello Center
- 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

| Funder/Program | Contract Year |
|---|-----------------------------|
| City of Fort Lauderdale <i>Short Term Mortgage Rent Utilities Assistance</i> <i>Permanent Housing Placement</i> <i>Housing Case Management</i> <i>Tenant Based Rental Voucher</i> | Oct 1, 2013 - Sept 30, 2014 |

Program Overview

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

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

Target Population

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

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 on-going 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.



HOUSING STABILITY PROGRAM

| Funder | Funding Period |
|--------------------------|-----------------------------|
| The Jim Moran Foundation | Sept 1, 2013 - Aug 31, 2014 |

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:
 - Identify and address barriers to maintaining stable housing.
 - Jointly develop a Plan of Action to return or maintain the family to financial and housing stability by addressing the identified barriers.
 - 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.

FORENSIC RE-INTEGRATION PROGRAM

Funder

Broward Behavioral Health Coalition

Funding PeriodJuly 1, 2013 - June 30, 2014

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 its 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 (CCISC)
- 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

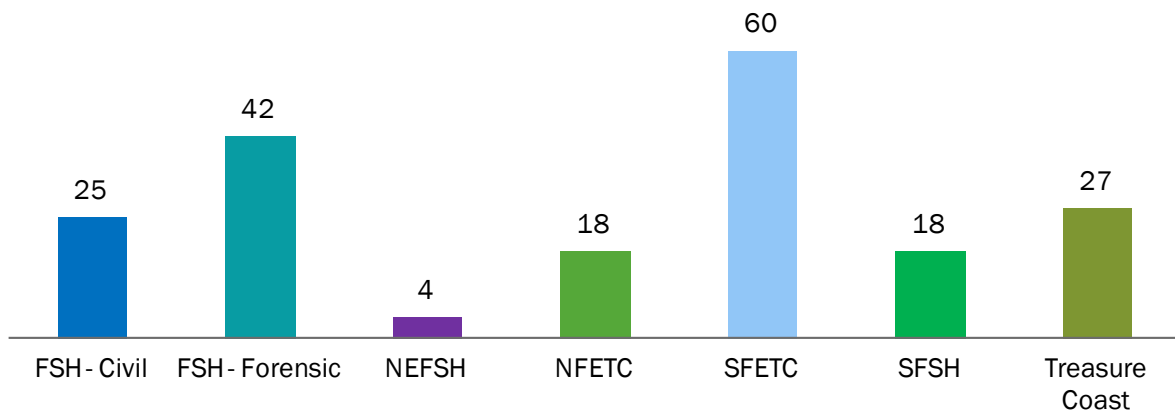
- The team has an improved database and is moving forward to become paperless.
- The team has exceeded its goal of assisting a minimum of 144 clients toward competency or otherwise removed from the system
- The team has a 94% concurrence rating with the Court
- The team has introduced a dual-purpose 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)

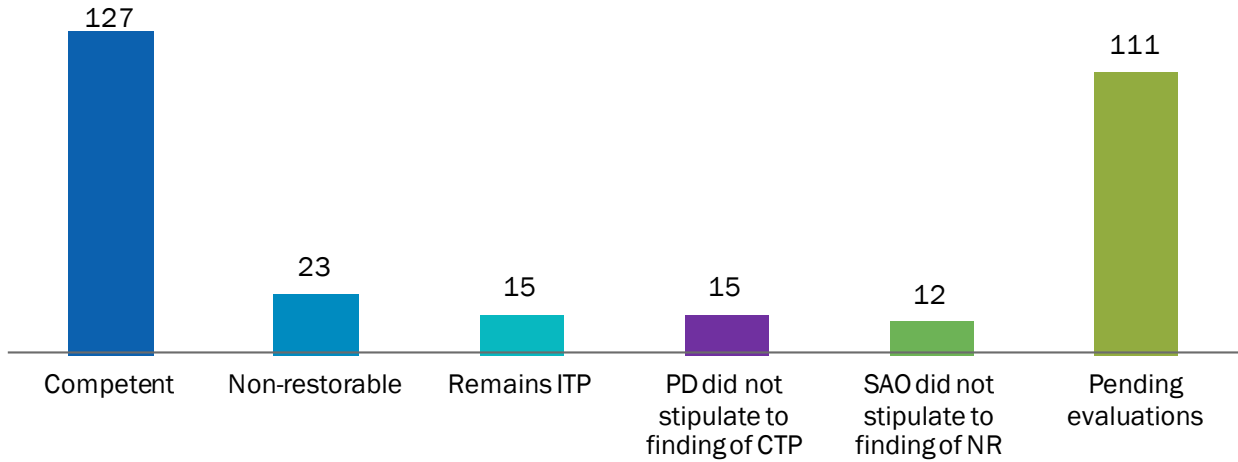
- Assisted 300 clients residing in assisted living facilities in accessing their government entitlements for supplemental income.

Felony Mental Health Courts

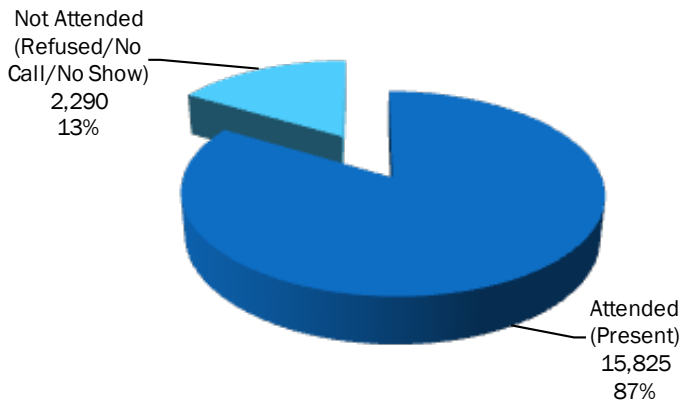
- Court Liaisons assisted with approximately 1,777 cases.

Competency Restoration Training

Competency Outcomes for July 2013- June 2014

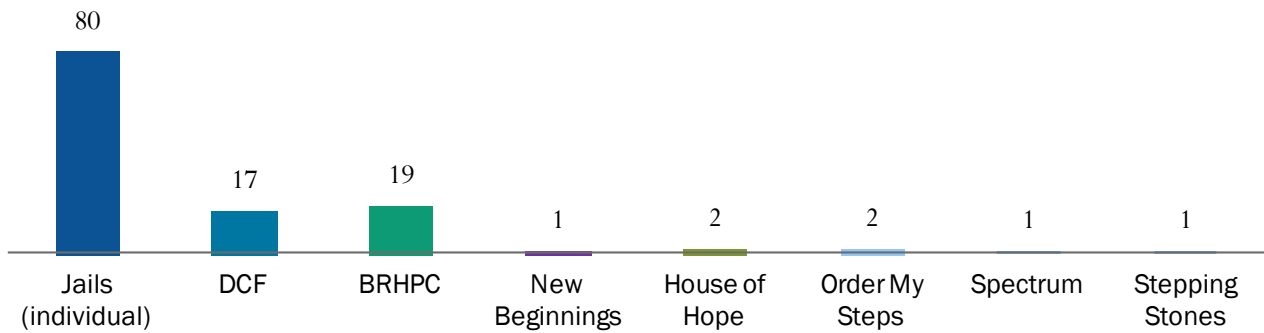


Training Attendance for July 2013- June 2014



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

CRT Classes Offered Weekly Per Site (Total = 123)



SUPPORTIVE SERVICES FOR VETERANS AND FAMILIES

| Funder/Program | Funding Period |
|--|----------------------------|
| United Way Broward County <i>Affordable and Supportive Housing</i> <i>Legal Services</i> <i>Health Care Access</i> <i>Case Management</i> <i>VA Benefits and Resource Acquisition</i> <i>Emergency and Financial Assistance</i> <i>Income and Support Services: Educational Vocational & Employment</i> | Oct 1, 2013 - Sep 30, 2014 |

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, 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.

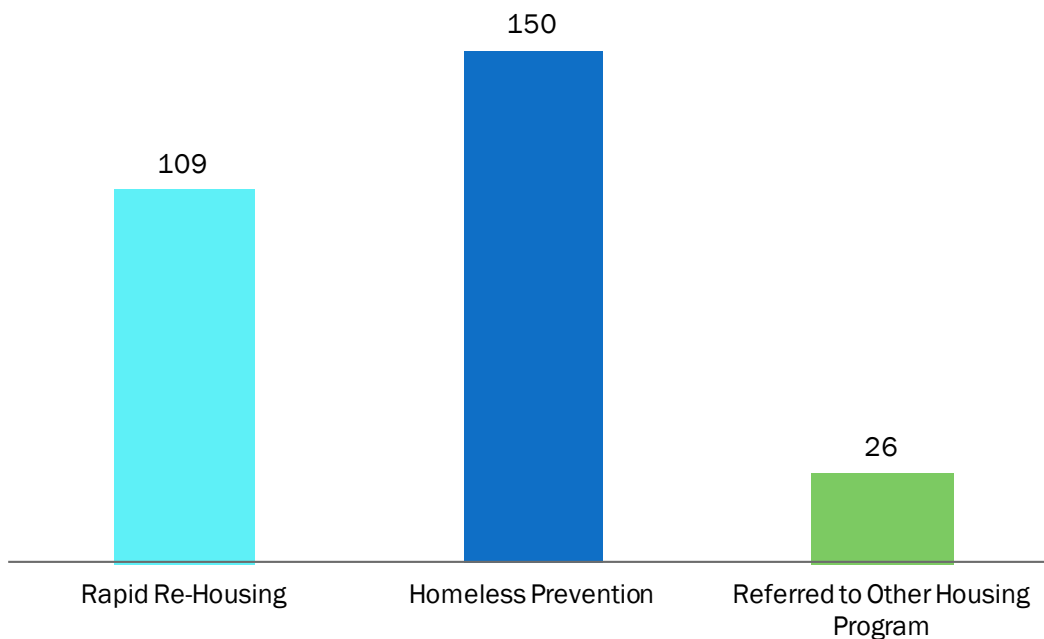
Number of Clients Served

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



CERTIFIED APPLICATION COUNSELORS

| Funder/Program | Funding Period |
|--|----------------------------|
| Community Catalyst/Robert Wood Johnson Foundation <i>Enrollment Services into the Federal, Affordable Care Act, Health Insurance Program</i> <i>Technical Assistance with Qualified Health Plans (QHP) in the Market Place</i> <i>Referrals to other Federal Health Programs</i> <i>Education</i> <i>Outreach</i> <i>Presentations</i> | Oct 1, 2013 - Sep 30, 2014 |

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.

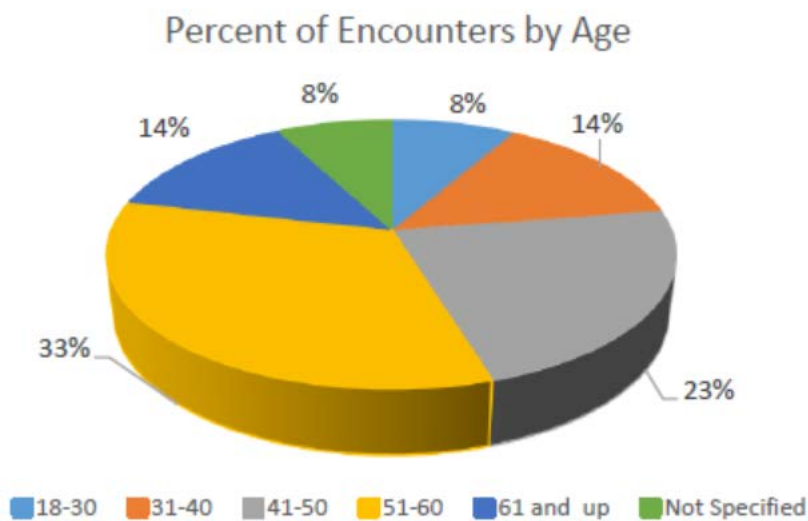
Partners/Collaborators:

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.





PLANNING SERVICES

BRHPC planning tools and services, such as the Health Data Warehouse and the HIV Planning Division, promote public awareness of community health needs. Through planning activities, BRHPC collects data and conducts analyses and studies related to health care needs of the district, including the needs of medically indigent persons. Planning services also assist hospitals, community agencies and other state agencies in carrying out data collection activities. 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) | | | | | | | | | | | | | | |
| Licensed Beds | | | Admissions | | | | | | | | | | Patient Days | |
| # OF BEDS | % OCCP | ADC | TOTAL | PVT | MEDI CADE | MEDI CARE | HOS PICE | INS | HMO/ PPO | VA | IND/ CHA | TOTAL | PVT | |

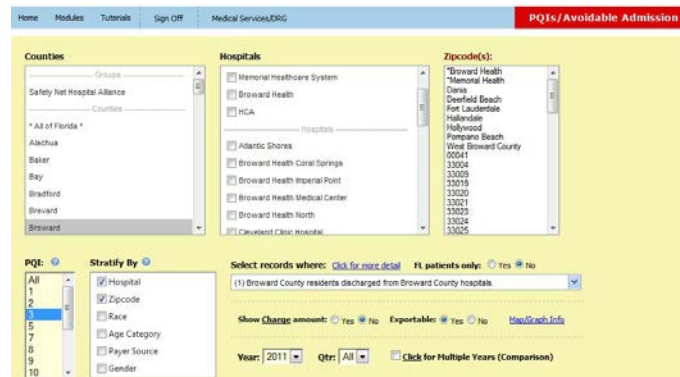
FLORIDA HEALTH DATA WAREHOUSE

BRHPC developed the web-based Florida Health Data Warehouse with grant funding from the Health Foundation of South Florida, the Blue Foundation for a Healthy Florida and agency administrative dollars. This analytic engine provides geographically specific analysis functionality by Local Health Planning Council Districts and 67 counties.

It is available to the public (for a fee) through BRHPC's website at www.brhpc.org. Health policy and planning administrators may utilize this profile to establish benchmarks and to identify target areas for quality improvement.

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.

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.

DIAGNOSIS RELATED GROUP DATA WAREHOUSE

The Diagnosis Related Group (DRG) Data Warehouse is a decision support tool for healthcare providers and planners. The Diagnosis-Related Group is a system to classify hospital cases into one of approximately 500 groups, also referred to as DRGs, expected to have similar hospital resource use. DRGs are assigned by a "grouper" program based on ICD diagnoses, procedures, age, sex, discharge status, and the presence of complications or co-morbidities.

The BRHPC DRG Data Warehouse allows the user to quickly run customized reports by hospital medical services such as cardiology or orthopedics including DRG level detail by selected hospitals in an area using the Florida AHCA hospital inpatient database.

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.

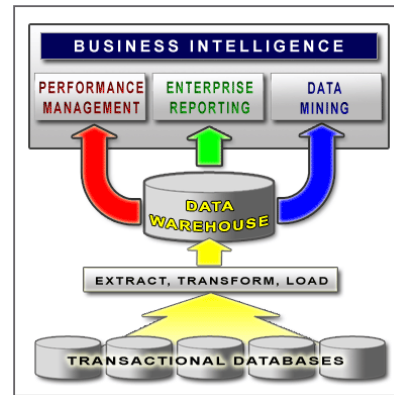
| Medical Services/DRGs (View Report Information) | | | | | | |
|---|------------|----------------|----------|--------------|-------------|------------------|
| Medical Service | Discharges | Discharges (%) | Avg. LOS | Charges (\$) | Charges (%) | Avg. Charge (\$) |
| Cardiology | 24,353 | 09.6200 | 3.5 | 817,159,223 | 07.7400 | 33,555 |
| Cardio-Vascular Surgery | 2,450 | 00.9700 | 9.6 | 475,432,835 | 04.5000 | 194,054 |
| Delivery | 22,448 | 08.8700 | 2.9 | 360,546,557 | 03.4100 | 16,061 |
| Dermatology | 6,215 | 02.4500 | 4.0 | 171,174,253 | 01.6200 | 27,542 |
| Drug & Alcohol Dependency | 4,257 | 01.6800 | 6.2 | 59,855,750 | 00.5700 | 14,061 |
| Endocrine, Metabolic Disorders | 6,191 | 02.4500 | 3.6 | 173,576,848 | 01.6400 | 28,037 |
| Ent/Oral Maxillary | 2,789 | 01.1000 | 2.7 | 73,209,947 | 00.6900 | 26,250 |
| Gastroenterology | 20,172 | 07.9700 | 3.9 | 712,994,623 | 06.7500 | 35,346 |
| Gynecology | 4,465 | 01.7600 | 2.8 | 170,915,105 | 01.6200 | 38,279 |
| HIV | 1,234 | 00.4900 | 8.4 | 95,142,969 | 00.9000 | 77,101 |

BUSINESS INTELLIGENCE (BI) SYSTEM

This past year, Broward Regional Health Planning Council (BRHPC), in collaboration with Nova Southeastern University, developed and implemented the **Business Intelligence (BI)** system to further expand the capabilities of its existing Health Data Warehouse. BI is an umbrella term that includes 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

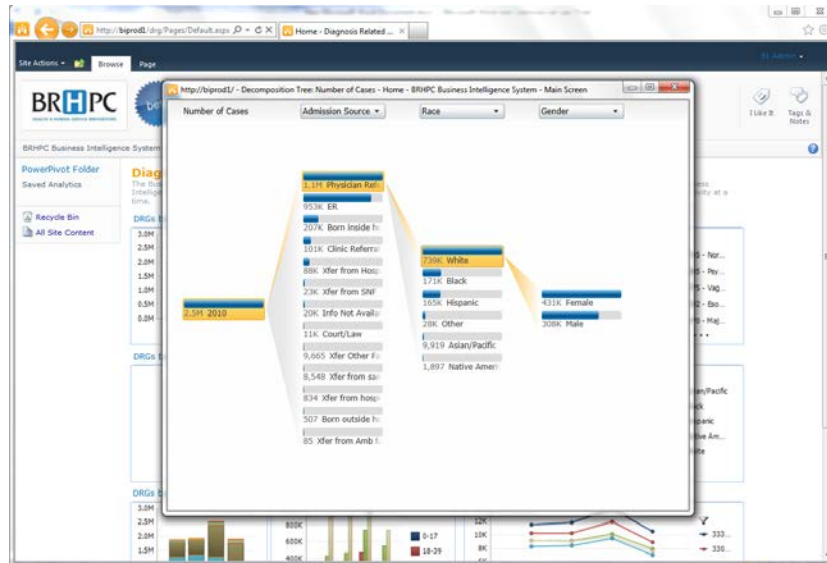


The analytical tools used in this project provided access to the information and knowledge generated by the BI system as a whole. These tools are generally what end-users interact with as part of the BI system. The dashboard tool is one of the major tools of BI systems. It consists of screens that show 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.

CERTIFICATE OF NEED

| Funder | Contract Year |
|------------------------------|------------------------------|
| Florida Department of Health | July 1, 2013 - June 30, 2014 |

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.

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

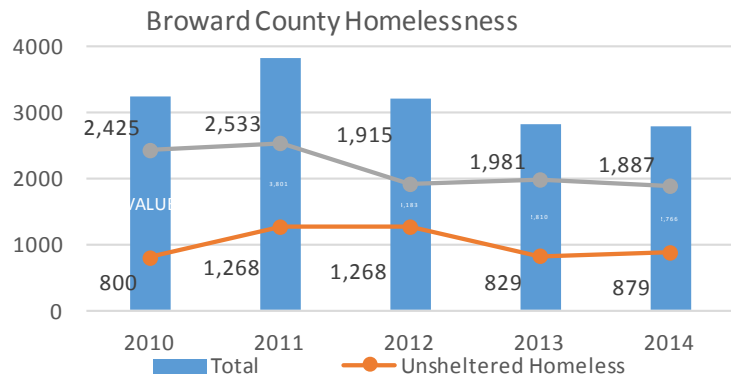
As part of the new IRS regulations, hospital organizations are required to conduct a community health needs assessment, which serves as a guiding document for strategic planning. Through the process of developing a Community Health Needs Assessment, a hospital positions itself to address local health 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.

POINT-IN-TIME HOMELESS COUNT

| Funder | Contract Year |
|--|--------------------------------------|
| Broward County Board of County Commissioners | October 1, 2013 – September 30, 2014 |

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, BIHPI Coalition (Healthy Start), Drowning Prevention Task Force, SafeKids Coalition, Broward Aware, Immunization Task Force, Board of Broward Housing Solutions, Broward County Commission on Substance Abuse Board of Governors, Baker Act Task Force, United Way Public Policy Advisory Committee, Alcohol, Drug Abuse and Mental Health Planning Council, National Recovery Month Committee, FIU Advisory Committee for Master of Public Health, CMS Advisory Council, and others.



HIV PLANNING COUNCIL

| Contract | Contract Year |
|-------------------------------------|----------------------------|
| Planning Council Support | Mar 1, 2013 – Feb 28, 2014 |
| Clinical Quality Assurance Support | Mar 1, 2013 – Feb 28, 2014 |
| Needs Assessment/Comprehensive Plan | Mar 1, 2013 – Feb 28, 2014 |

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

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 Part A 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 detailed “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 (EIIHA) 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.



HIV PREVENTION



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.





CAPACITY BUILDING

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

- Broward County Health Plan
- 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

BROWARD COUNTY HEALTH PLAN

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

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 services 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 policies 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.

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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

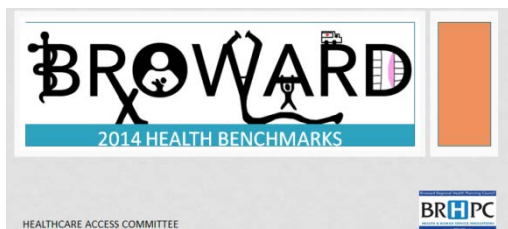
The information is targeted to community members as well as leaders in the following areas:

- 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

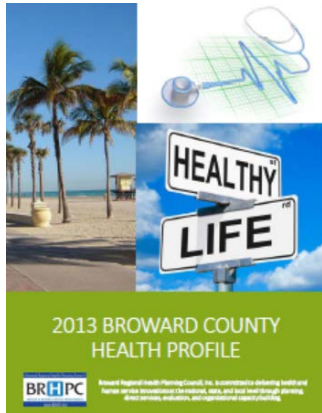
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- Healthcare Professionals
- Healthcare Researchers
- Consumers and Other Stakeholders
- Public and Private Healthcare Financers

Partners/ Collaborators

- Coordinating Council of Broward
- Healthcare Access Committee

BROWARD COUNTY HEALTH PROFILE



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

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 COUNTY TRAUMA MANAGEMENT

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.

STAFF DEVELOPMENT VOLUNTEERISM & INTERNSHIPS

PUBLIC HEALTH • PUBLIC POLICY

HUMAN SERVICES • SOCIAL WORK • ADMINISTRATION

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 face-sheets 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

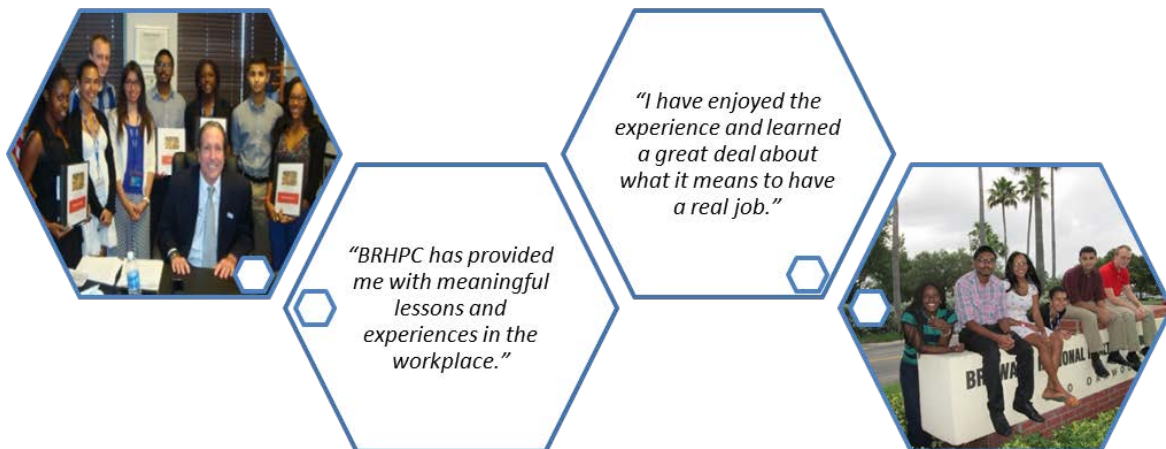
The main function of this internship is to provide psychology and public health administration students with the opportunity to meet with clients who are diagnosed with a mental illness or a co-occurring disorder and are forensically involved. In some cases, they facilitate training sessions. In other 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



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/sfmuh-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, Lauderdale, 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

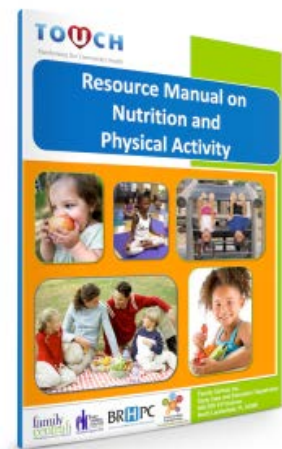


There are more than fifteen TOUCH partners working on this Strategic Direction to improve opportunities for physical activity and access to healthy foods for residents of Broward County. Much has been accomplished by these partners, from creating “Baby Friendly” hospitals where breastfeeding initiation 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.

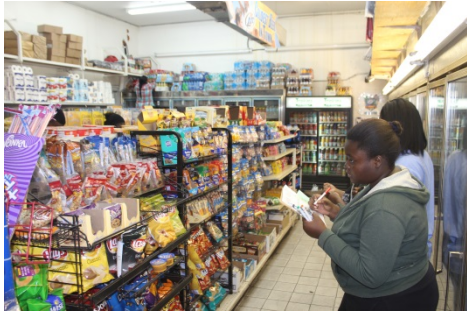
With the assistance of the TOUCH Early Childhood Education Partners including Early Learning Coalition of Broward County, Florida Introduces Physical Activity and Nutrition to Youth (FLIPANY), Family Central, Dr. Ruby Natale, and Consulting Registered Dietitians, the *TOUCH Resource Manual: Nutrition 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.

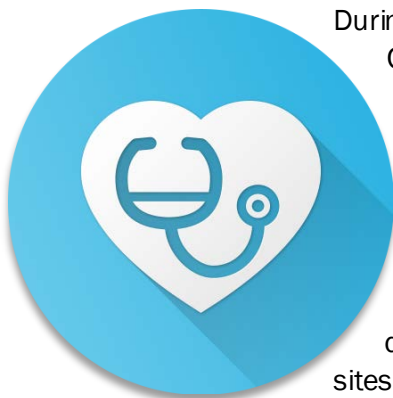
The process started with educating the students about GO, SLOW and WHOA foods using the familiar scheme of the traffic light to choose more Green “GO” foods such as fruits and veggies, fewer Yellow “SLOW” foods such as nuts and granola and limited amounts of Red “WHOA” foods such as potato chips and 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

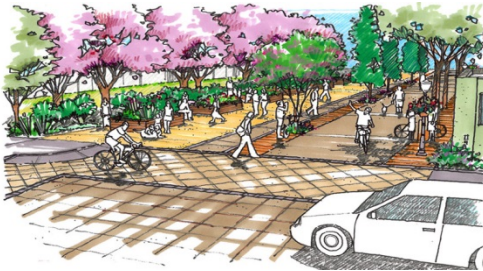


Under this Strategic Direction, TOUCH and our partners were charged with developing standards and guidelines to ensure safer streets and community designs for all types of transport users.

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.

ELECTRONIC FINGERPRINTING FOR LEVEL II BACKGROUND SCREENING

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

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

| Services | Description | |
|--|--|---|
| Human Resources | <ul style="list-style-type: none"> • Maintenance of personnel files • New hire state reporting • Background Screenings | <ul style="list-style-type: none"> • Benefit management • COBRA administration |
| Payroll | <ul style="list-style-type: none"> • Pay check processing • Direct deposit processing • Wage garnishment administration | <ul style="list-style-type: none"> • Federal Payroll tax filings • Unemployment tax filings |
| Accounts Receivable | <ul style="list-style-type: none"> • Invoice preparation • Manage Aging of Accounts Receivables | <ul style="list-style-type: none"> • Cash receipts handling and posting |
| Accounts Payable | <ul style="list-style-type: none"> • Vendor payment preparation | <ul style="list-style-type: none"> • Manage Aging of Accounts |
| Cash Budgeting | <ul style="list-style-type: none"> • Cash flow analysis | <ul style="list-style-type: none"> • Development of Cash Budget |
| Contract Management | <ul style="list-style-type: none"> • Development of centralized contract management system | <ul style="list-style-type: none"> • Deliverable Tracking |
| Budget Management | <ul style="list-style-type: none"> • Development of agency, program and grant budgets | <ul style="list-style-type: none"> • Preparation of budget amendments and adjustments |
| Policies and Procedures | <ul style="list-style-type: none"> • Development of agency policy and procedure manual | <ul style="list-style-type: none"> • Development of financial and accounting operational policies |
| Credentialing and Certification | <ul style="list-style-type: none"> • Action plan development and updates | <ul style="list-style-type: none"> • Attendance at site visits • Planning and technical assistance |
| Financial Reporting | <ul style="list-style-type: none"> • Budget vs. Actual Revenue and Expense reports (agency, program and grant specific) • Statement of Financial Position • Statement of Activities | <ul style="list-style-type: none"> • Statement of Functional Expenses • Compilation of reports to funding sources, internal management and governing boards |
| Tax and Accounting Compliance | <ul style="list-style-type: none"> • CPA review of internal controls and reports issued | |

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

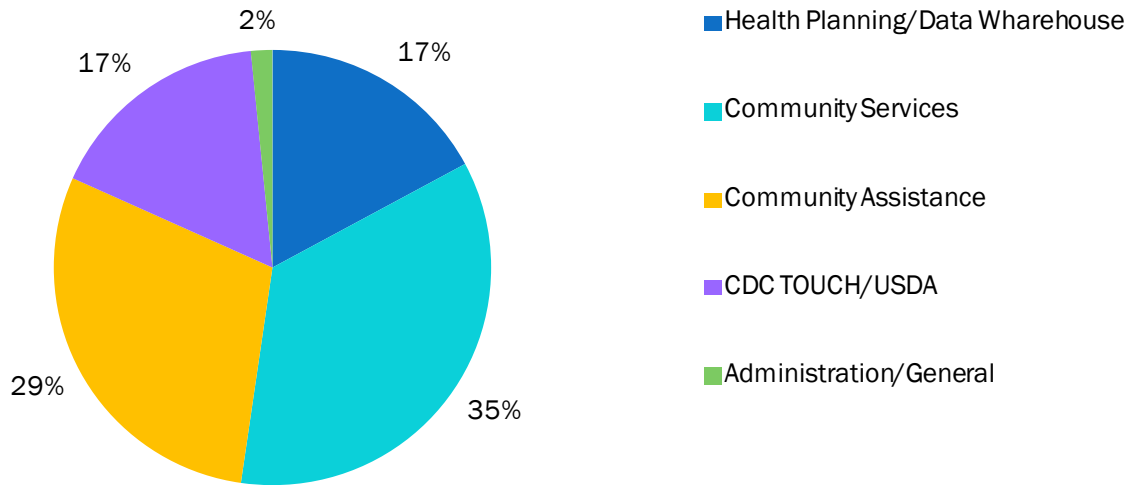
Proactive Human Resources is essential to prevent, mitigate and reduce the many liabilities present in public and business administration. It is also necessary to take advantage of opportunities to hire, develop, encourage and provide the skills, experience, knowledge, and encouragement necessary for 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

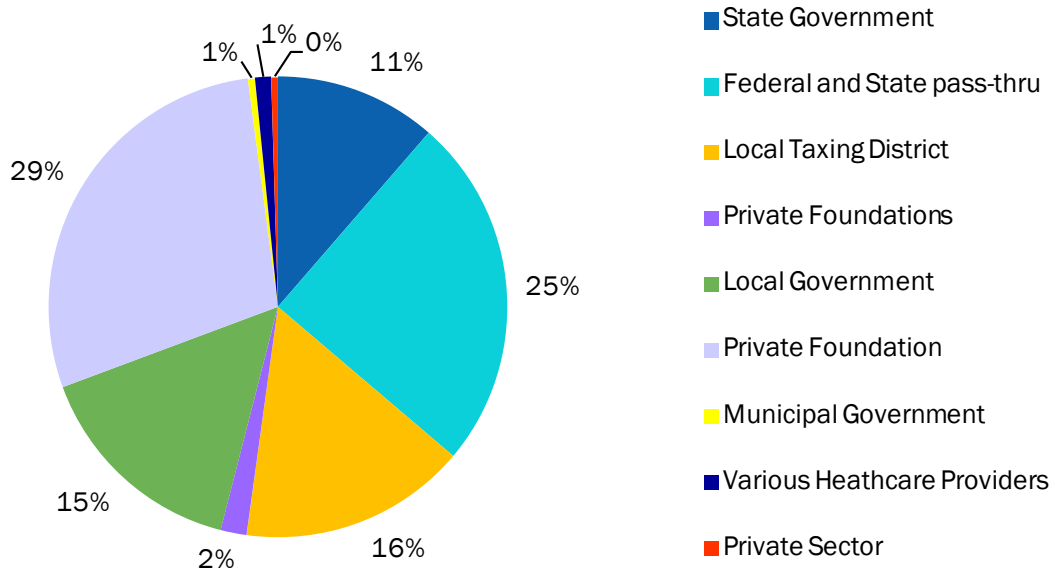
Legal oversight for BRHPC is provided through its General Counsel who reviews, updates, amends as required, and makes recommendations as to form and content of the BRHPC's contracts and sub-contracts. This is done both with funders of BRHPC activities and with providers rendering services to the BRHPC,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

FISCAL VIABILITY

BRHPC Revenue by Service/Program FY 2013-2014



BRHPC Budget by Funding Source FY 2013-2014



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

| DESCRIPTION | DATES |
|--|---------|
| Summary Need Projections Published in F.A.W. | 1-17-14 |
| Letter of Intent Deadline | 2-03-14 |
| Application Deadline | 3-05-14 |
| Completeness Review Deadline | 3-12-14 |
| Application Omissions Deadline | 4-09-14 |
| Agency Initial Decision Deadline | 6-06-14 |

Hospital Beds and Facilities: 2nd Batching Cycle – 2014

| DESCRIPTION | DATES |
|--|----------|
| Summary Need Projections Published in F.A.W. | 7-18-14 |
| Letter of Intent Deadline | 8-04-14 |
| Application Deadline | 9-03-14 |
| Completeness Review Deadline | 9-10-14 |
| Application Omissions Deadline | 10-08-14 |
| Agency Initial Decision Deadline | 12-05-14 |

Other Beds and Programs: 1st Batching Cycle - 2014*

| DESCRIPTION | DATES |
|--|---------|
| Summary Need Projections Published in F.A.W. | 4-4-14 |
| Letter of Intent Deadline | 4-21-14 |
| Application Deadline | 5-21-14 |
| Completeness Review Deadline | 5-28-14 |
| Application Omissions Deadline | 6-25-14 |
| Agency Initial Decision Deadline | 8-22-14 |

Other Beds and Programs: 2nd Batching Cycle - 2014*

| DESCRIPTION | DATES |
|--|----------|
| Summary Need Projections Published in F.A.W. | 10-3-14 |
| Letter of Intent Deadline | 10-20-14 |
| Application Deadline | 11-19-14 |
| Completeness Review Deadline | 11-26-14 |
| Application Omissions Deadline | 12-24-14 |
| Agency Initial Decision Deadline | 2-20-15 |

*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.

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 200 Oakwood Lane, Suite 100 • Hollywood, FL 33020
 Phone: (954) 561-9681 • Fax: (954) 561-9685

www.brhpc.org

Tab 50 – Provider Appendices – Appendix C: (STRMU Outcomes Table)

| STRMU Outcome | Indicators | Activities | Data Source | Data Collection |
|--|---|---|---|--|
| <p>1. Through the development and implementation of an individualized comprehensive housing stability plan, provide housing assistance and supportive services for low-income HOPWA eligible clients to reduce the risk of homelessness.</p> | <p>1.1 Eighty percent (80%) of Clients achieve initial Housing Plan goals by designated target dates.</p> <p>1.2. Eighty percent (80%) of clients will receive assistance with completing a realistic monthly budget and receive the appropriate follow up to ensure adherence to the budget to further client’s goal of maintaining self-sufficiency.</p> <p>1.3 Eighty percent (80%) of the clients approved for STRMU assistance will maintain self-sufficiency (i.e., living in private housing).</p> | <p>1.1 Initial Housing Plan goals will be reviewed, updated and documented by designated target date.</p> <p>1.2 HOUSING SPECIALIST will complete and update a realistic monthly budget that identifies current “emergency need” to ensure that STRMU assistance is utilized as a short-term intervention to maintain stable living arrangements.</p> <p>1.3 Engage the clients in training to restore independent living (job readiness, resume writing, employment screening), linkage to community services, referrals to Ryan White Part A, medical, mental health, substance use, Legal Aid, pharmaceutical and additional services as identified.</p> | <p>1.1 Housing plan goals set with client and HOUSING SPECIALIST notes will be documented in Provide Enterprise</p> <p>1.2 Monthly budget follow up will be documented in Provide Enterprise.</p> <p>1.3 Household income, housing status and Self-Sufficiency Matrix</p> | <p>1.1 Client Housing Plan developed at intake will be updated as required and evaluated at discharge</p> <p>1.2 Client monthly budget will be updated as required and evaluated to address client stability in maintaining self-sufficiency.</p> <p>1.3 Household income and housing status recorded at intake, updated as needed and evaluated after discharge. Client and HOUSING SPECIALIST will complete Matrix at intake and on a quarterly basis.</p> |

Tab 51 – Provider Appendices – Appendix D: (PHP Outcomes Table)

| PHP Outcome | Indicators | Activities | Data Source | Data Collection |
|---|--|--|--|---|
| <p>1. Through the development and implementation of an individualized comprehensive housing stability plan, provide housing assistance and supportive services for low-income HOPWA eligible clients to reduce the risk of homelessness</p> | <p>1.1 Eighty percent (80%) of Clients achieve initial Housing Plan goals by designated target dates.</p> <p>1.2. Ninety percent (90%) of clients approved for PHP assistance will maintain stable living environment.</p> <p>1.3 Eighty percent (80%) of clients will receive assistance with completing a realistic monthly budget and receive the appropriate follow up to ensure adherence to the budget to further client’s goal of self-sufficiency.</p> | <p>1.1 Initial Housing Plan goals will be reviewed, updated and documented by designated target dates.</p> <p>1.2 Engage the clients in training to restore independent living (job readiness, resume writing, employment screening), linkage to community services, referrals to Ryan White Part A, medical, mental health, substance use, Legal Aid, pharmaceutical and additional services as identified</p> <p>1.3 Housing Specialist will complete and update a realistic monthly budget that identifies current “emergency need” to ensure that PHP assistance is utilized for eligible clients with move in assistance and cost associated with placement in housing. Client must be able to maintain living expenses (including rent) after moving into new housing.</p> | <p>1.1 Housing plan goals set with client and HOUSING SPECIALIST notes will be documented in Provide Enterprise.</p> <p>1.2 Housing income, housing status and Self-Sufficiency Matrix</p> <p>1.3 Monthly budget follow up will be documented in Provide Enterprise.</p> | <p>1.1 Client Housing Plan developed at intake will be updated as required and evaluated at discharge.</p> <p>1.2 Household income and housing status recorded at intake, updated as needed and evaluated after discharge. Client and Housing Specialist will complete Matrix at intake and on a quarterly basis.</p> <p>1.3 Client monthly budget will be updated as required and evaluated to address client stability in maintaining self-sufficiency.</p> |
| <p>2. Through the development and implementation of an individualized comprehensive housing</p> | <p>2.1. Ninety percent (90%) of the clients who move off a HOPWA FAC. PBR or</p> | <p>2.1 Engage the clients in training to restore independent living (job readiness, resume writing, employment screening),</p> | <p>2.1 Monthly budget follow up will be documented in</p> | <p>2.12 Client monthly budget will be updated as required and evaluated to</p> |

| | | | | |
|---|---|---|----------------------------|--|
| <p>stability plan move low-income HOPWA households off a HOPWA housing subsidy to self-sufficiency who are referred from HOPWA FAC, PBR and/or TBRV programs.</p> | <p>TBRV subsidy through PHP will obtain self-sufficiency.</p> | <p>linkage to community services, referrals to Ryan White Part A, medical, mental health, substance use, Legal Aid, pharmaceutical and additional services as identified.</p> | <p>Provide Enterprise.</p> | <p>address client stability in maintaining self-sufficiency.</p> |
|---|---|---|----------------------------|--|

Tab 52 – Provider Appendices – Appendix E: (TBRV Outcomes Table)

| Outcome | Indicators | Activities | Data Source | Data Collection |
|--|--|---|--|---|
| <p>1. Through the development and implementation of an individualized comprehensive housing stability plan, providing housing assistance and supportive services for low income HOPWA eligible clients to reduce the risk of homelessness.</p> | <p>1.1 80% of clients will achieve initial housing plan goals by designated target dates.</p> <p>1.2 80% of clients will receive assistance completing a realistic monthly budget and receive appropriate follow-up to ensure adherence to budget to further client’s goal of self-sufficiency.</p> <p>1.3 25% of clients will make progress towards self-sufficiency by increasing the percentage of their contribution towards rent, thereby transitioning to self-sufficiency.</p> <p>1.4 80% of eligible clients will maintain regular appointments with primary care physician or have contact with appropriate medical provider, medical case manager, benefit coordinator that is consistent with the client’s individual service plan.</p> | <p>1.1 Housing Specialist (HS) ensures the initial housing plan goals are reviewed, updated quarterly and documented for all clients by designated target date.</p> <p>1.2 HS will assist clients in completing a realistic monthly budget at their annual re-certification, which includes elements to maintain client’s stability and work towards the ultimate goal of self-sufficiency.</p> <p>1.3 HS works with all clients to focus on a plan to seek employment, continuing education along with attending the Financial workshop as a way to improve their financial skills, to ensure progress is made towards self-sufficiency.</p> <p>1.4 HS will coordinate with medical case manager, benefits coordinator, medical provider and</p> | <p>1.1 Housing Plan goals updates are documented by HS in Provide Enterprise (PE)</p> <p>1.2 HS will utilize an excel document to complete the monthly budget and notes will be documented in PE</p> <p>1.3 HS will refer clients to resources such as Workforce One where client can be linked to services.</p> <p>1.4 Housing Specialist will document clients medical appointments in PE</p> <p>1.5 The Vulnerability Assessment score is documented in PE</p> <p>1.6 The Self-</p> | <p>1.1 The client’s Housing Plan are developed at intake and updated on a quarterly basis.</p> <p>1.2 The client monthly budget will be monitored and updated as required.</p> <p>1.3 HS follow-up with client on a quarterly basis and progress is documented in PE</p> <p>1.4 Client’s contact with medical case manager, benefits coordinator and medical provider is evaluated at intake and on a yearly basis.</p> <p>1.5 The Vulnerability Assessment is updated and monitored yearly during the client’s re-certification.</p> <p>1.6 The Self-Sufficiency matrix is updated and</p> |

| | | | | |
|---|--|---|--|---|
| | <p>1.5 85% of discharged clients will demonstrate an improvement in the Vulnerability Assessment scale.</p> <p>1.6 85% of discharged clients will demonstrate an improvement in the Self-Sufficiency matrix.</p> | <p>clients to improve overall access and adherence to medical care.</p> <p>1.5 The HS will link the clients to community services in order to address and improve areas identified in the Vulnerability Assessment.</p> <p>1.6 HS will link the clients to community services in order to improve the score of areas that have been identified needing improvement.</p> | <p>Sufficiency matrix score is documented in PE</p> | <p>monitored yearly during the client's re-certification.</p> |
| <p>2. Through the development and implementation of an individualized comprehensive housing stability plan, move low income HOPWA households off a HOPWA housing subsidy to self-sufficiency.</p> | <p>2.1. 90% of clients who move off a TBRV subsidy will obtain self-sufficiency.</p> | <p>2.1 HS engages the clients in training for independent living, eg. Improving literacy, resume writing, employment screening, linkages to community services and other housing resources.</p> | <p>2.1 Household income, housing status and self-sufficiency matrix score improvement.</p> | <p>2.1 The client's household income and housing plan are documented at intake, reviewed every 90 days or as needed and evaluated after discharge. Client and HS complete self-sufficiency matrix at intake or on a yearly basis.</p> |

HOPWA Termination Policy

POLICY

It is the policy of BRHPC that HOPWA assistance to clients may be terminated only in conformance with 24 CFR § 574.310(e), the City of Fort Lauderdale's HOPWA termination process and the provisions of this policy.

PROCEDURES

1. Termination for Cause. Clients who violate HOPWA program requirements or conditions of occupancy may have HOPWA assistance and BRHPC services terminated for cause.
 - 1.1 Warnings and Support Services to Avert Termination. BRHPC generally provides multiple warnings, as well as intensive and extensive support services, to re-establish client compliance and prevent termination of HOPWA assistance in all but the most severe cases. Violations in this category include, but are not limited to:
 - 1.1.1 Failure to timely report a change in income or household composition.
 - 1.1.2 Failure to provide documentation required to verify initial program eligibility or ongoing program qualification despite repeated notifications.
 - 1.1.3 Missing appointments for home visits, re-certifications, inspections and/or housing stability assessments.
 - 1.1.4 Unwillingness to engage in case management services; follow through with assignments by case managers or the other objectives of case management action plans and/or failure to progress toward housing stability.
 - 1.1.5 Failure to maintain regular contact with HOPWA program personnel as per the schedule outline in the client's plan of action.
 - 1.1.6 Non-payment of client's acknowledged portion of the rent.
 - 1.2 Immediate Termination. In limited circumstances, specifically when a client's non-compliance with program requirements or conditions of occupancy impact the integrity of the HOPWA funded housing program, BRHPC will terminate the client's HOPWA assistance immediately. Integrity violations include, but are not limited to:
 - 1.2.1 Any of the violations itemized in Subsection 1.1 above for which a client fails to take corrective action despite repeated warnings.
 - 1.2.2 Provision of false or misleading information or withholding of material facts in order to secure BRHPC services and HOPWA assistance.
 - 1.2.3 Other fraudulent use of HOPWA assistance, including purposeful falsification, misstatement or omission of conditions of occupancy.
 - 1.2.4 Loss of income-qualified status for HOPWA assistance.
 - 1.2.5 Threatening or abusive behavior that constitutes a spoken, written, or implied threat of violence toward BRHPC personnel, other HOPWA or human or

social service providers, neighbors and/or the landlord.

1.2.6 Criminal activity, destruction of property and/or violence by the client, any member of the household, or guests under the client's control.

1.2.7 Persistent failure to actively work on their plan of action, including pursuing permanent housing options.

2. Termination by Voluntary Departure. A client who chooses to leave HOPWA funded housing, regardless of reason or rationale, terminates his or her assistance voluntarily.

3. Termination due to Disappearance/Inability to Locate Client.

3.1 Disappearance Defined. Any client who misses two monthly contacts and cannot be located despite multiple attempts over a sixty (60) day period is considered to have disappeared and will be terminated by BRHPC.

3.2 Grace Period for Clients in Alternate Residential Setting. Clients who are placed in a health care facility or enrolled in a residential substance abuse program for ninety (90) days or less are not considered to be out of contact for the purposes of this policy; provided the case manager or another HOPWA staff member has been advised of the client's whereabouts. A three (3) month grace period prohibits termination of these clients while in medical treatment, despite their being unable to maintain regular contact with BRHPC.

4. Termination due to Death of the Client.

4.1 BRHPC provides a grace period of up to three (3) months for continuation of housing assistance for the surviving member or household members were living in a HOPWA assisted unit with the client at the time of his or her death.

4.2 During this grace period, BRHPC will continue to provide case management support services to the survivors to provide housing resource lists and service referrals to the surviving members in order to ease their transition. Surviving household members may not accept payment of refunded amounts of any deposits paid by HOPWA, instead, the landlord will return such amounts directly to BRHPC.

4.3 In the event that surviving household members include a person with an HIV/AIDS diagnosis who had resided in the unit prior to the death of the client and who was identified during the HOPWA certification (or re-certification) process, such person will be deemed the eligible person of the household and, therefore, client of the program, permitting HOPWA assistance to continue as long as eligibility is maintained for the client and other household members. Such households must be re-certified within thirty (30) days of the death of the former client.

5. Termination Process.

5.1 Case Manager Initiation of Termination for Cause. Termination of HOPWA assistance for cause is initiated by the client's case manager via a written summary of all client violations on which the request to terminate is being based. This summary describes the dates, times, and parties involved in and witnesses to the specific incidents and issues providing justification for dismissal, as well as every warning

and all support services provided to help the client avoid termination. This request to terminate is submitted to the case manager's immediate supervisor for an initial determination as to whether the allegations are sufficient to proceed.

5.2 Case Manager Supervisor Initial Determination. Within five (5) days of receipt of a termination request, the supervisor must make the initial determination.

5.2.1 Insufficient Evidence. If there is any question about sufficiency of the allegations and evidence, the supervisor shall deny the termination request, document the reasons in the client record, meet with the case manager to brainstorm new interventions for helping the client with corrective actions and/or identify additional documentation/evidence needed to proceed with termination.

5.2.2 Sufficient Evidence. If after reviewing the client file and records and conducting an interview with the Housing Case Manager, the supervisor's determination is that the record supports termination of client services, he or she shall notify the Division Director (or designee) that a termination is warranted.

5.3 Notice of Termination. If the Division Director (or designee) after reviewing the termination request, client file and records, and conferring with the supervisor finds that termination is justified, he or she will then prepare and send, by certified or registered mail a completed a *BRHPC Notice of Termination of Housing Assistance* ("Notice") to the client. The Notice advises the client of BRHPC's decision to terminate, the basis therefore and the date of effective termination. The Notice also informs client of the right to an Appeal of the decision and the date specified in the Notice (10 business days from the date of issue) and how to file an appeal.

5.4 The BRHPC Housing Assistance Complaint, Appeal, and Grievance Policy outlines the terms, procedure, and timeline for client complaints, appeals (including appeals to a Notice of Termination), and grievances.

6. Precedence. If any conflicts are found among this policy, the City of Fort Lauderdale's HOPWA termination process and/or the requirements of 24 CFR § 574.310(e), the conflict will resolve as follows: federal rules will govern over City requirements, and City requirements will take precedence over BRHPC policy.

ATTACHMENT

BRHPC Notice of Termination of Housing Assistance

REFERENCES:

24 CFR § 574.310

City of Fort Lauderdale HOPWA Policies and Procedures