



Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
Tel: 954-561-9681 / Fax: 954-561-9685

**HIV PLANNING COUNCIL COORDINATION
MEETING AGENDA**

Monday, May 5, 2014 – 9:30 a.m.
Governmental Center Annex – Room A-335
Ryan White Part A Program Office
115 S. Andrews Ave, Ft. Lauderdale 33311

Chair: Brad Gammell

Vice Chair: Samantha Kuryla

- 1. CALL TO ORDER**
- 2. REVIEW STATEMENT OF SUNSHINE & PUBLIC COMMENT REQUIREMENTS**
- 3. WELCOME AND INTRODUCTIONS**
- 4. REVIEW:**
 - ❖ Meeting Agenda: 5/5/14
 - ❖ Meeting Minutes: 4/28/14
- 5. SYSTEM OF CARE AND JOINT PLANNING WORK PLANS (Handouts A, B, C & D)**

Review new work plans and policies and procedures for Joint Planning and ad-Hoc System of Care committee.
- 6. HIVPC 3 GUIDING QUESTIONS & 18 MONTH WORK PLANS**

Discuss plan to roll out new 18 month committee work plans and the 3 guiding questions for the HIVPC to follow in FY14-15.
- 7. STAFF DIRECTIVES (Handout E)**

Review Staff directives list for completeness and make any needed additions.
- 8. AGENDA FOR EXECUTIVE & JOINT EXECUTIVE**
- 9. NEXT MEETING DATE /AGENDA ITEMS:** Monday, May 19, 2014 at 9:30 a.m. Rm. A-335
- 10. ADJOURNMENT**



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MEETING MINUTES
HIV PLANNING COUNCIL COORDINATION

Monday, April 28, 2014 – 9:30 a.m.

Governmental Center Annex – Room A-335

Ryan White Part A Program Office, 115 S. Andrews Ave, Ft. Lauderdale 33311

	ATTENDEES
1	Gammell, B., HIVPC Chair
2	Kuryla, S., HIVPC Vice Chair
3	Mercer, A., Guest
4	Jones, L., Part A Grantee
5	Vargas, J. Part A Grantee Staff
6	Rosiere, M., BRHPC Staff
7	Johnson, B., HIVPC Staff
8	Sandler, C., HIVPC Staff

1. CALL TO ORDER

The HIVPC Chair called the meeting to order at 9:37 a.m.

2. REVIEW STATEMENT OF SUNSHINE & PUBLIC COMMENT REQUIREMENTS

The HIVPC Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised about the meeting ground rules.

3. WELCOME AND INTRODUCTIONS

Self-introductions were made.

4. REVIEW

- ❖ Meeting Agenda: 4/28/14
- ❖ Meeting Minutes: 4/7/14

5. WRAP-UP FROM HIVPC MEETING

There was a brief discussion to wrap-up the HIV Planning Council (HIVPC) meeting that took place on April 24, 2014. The HIVPC meeting went very smoothly and there was not much discussion about the enforcement of the absence rule, in which HIVPC members were marked absent if they were not present for 75% of the meeting time. The Membership/Council Development Committee (MCDC) will be reviewing the policy at their meeting on May 1, 2014. The Grantee suggested not making the policy so stringent that it becomes a barrier and deters participation and doing Planning Council work efficiently and effectively.

Action Item:

- MCDC to present decision about 75% attendance rule to Executive

6. REVIEW DIRECTIVES LISTS (Handout A)

Staff informed the members of the information contained on the directives list. One of the items discussed was the Social Media component under the JCCR Committee directive. The Grantee informed everyone that if there was an HIVPC social media page, it would need to be administered at the very least by Planning Council Staff, since the HIVPC is an advisory board of Broward County. He also informed everyone that a Facebook page would likely only be able to post outbound information (Facebook members will not be able to post comments on the page).

Other topics of discussion were items under the Recruitment and Retention Subcommittee regarding marketing procedures. Staff suggested providing posters for each provider's office for consumers. The Grantee suggested that using a hands-on approach; identifying new members, bringing them to meetings, etc. would be more beneficial in targeting functioning Planning Council members. A member from Staff

also discussed setting Planning Council Member goals such as one member bringing a certain number of guests to meetings each year.

The Grantee also suggested contacting organizations such as the Pride Center and SunServe which are locations that serve a large number of HIV positive clients that have not been tapped for participation on the HIVPC. The HIVPC Vice Chair further suggested a provider luncheon to inform these organizations of the importance of the HIVPC to the community and the services and opportunities provided through membership.

There was a recommendation to contact the National Quality Center (NQC) to provide consumer training for current and interested members who are consumers. There was also a suggestion to get youth consumers engaged in the recruitment and membership process. A meeting member suggested also utilizing Children's Diagnostic and Treatment Center (CDTC) to reach the adolescent/young adult target group.

The group also discussed the letter to the South Florida AIDS Network (SFAN) Executive Committee members in order to inform them to attend the upcoming Joint Executive meeting to discuss By-Laws and the coexistence of the two bodies moving forward. The group discussed attending the next SFAN meeting to inform them of the current HIVPC changes, motions and justifications, and opportunity for future participation. There will be a letter sent to SFAN inviting members to the Joint Executive meeting on Thursday, May 15, 2014.

7. REVIEW BY-LAWS AND P&P FAQs (Handout B)

The members reviewed a FAQ sheet to hand out to HIVPC members at committee meetings. The list contains questions that are posed to Staff or come up in meetings frequently. There was a suggestion to update and distribute the FAQ sheet every 6 months. The HIVPC Chair suggested allowing the Membership Committee to review the list and add questions and answers for each update distribution.

Action Items:

- Membership to develop the list for each distribution (bi-annually)
- Add reference pages to FAQ document
- MCDC to present 75% rule decision to Executive

8. SYSTEM OF CARE AND JOINT PLANNING WORK PLANS (Handouts C, D, E, & F)

A member of Staff informed the group of the new work plans for Joint Planning and ad-Hoc System of Care committees. The HIVPC Chair noted that Dr. Mark Schweizer has agreed to be the Chair of the new ad-Hoc System of Care Committee. The System of Care ad-Hoc Committee will be responsible for reviewing epidemiology data (which may come from Prevention), how best to meet the need, and the impact of the Affordable Care Act (ACA) on the system of care in Broward County. The Committee may also make recommendations regarding eligibility to the Priority Setting and Resource Allocation (PSRA) Committee.

Action Item:

- Get feedback from HRSA call for the System of Care committee
- Invite Dr. Mark Schweizer and Donna Sabatino to the HIVPC Coordination meeting on May 19, 2014 to discuss the ad-Hoc System of Care Committee

9. HIVPC 3 GUIDING QUESTIONS & 18 MONTH WORK PLANS

This item was tabled until the next meeting.

Action Items:

- Add continued discussion of ad-Hoc System of Care and Joint Planning work plans to the next agenda
- Add agenda item #9 to the next agenda

10. NEXT MEETING DATE /AGENDA ITEMS: Monday, May 5, 2014 at 9:30 a.m. Room: A-335

11. ADJOURNMENT

The meeting was adjourned at 11:30 a.m.



JOINT PLANNING COMMITTEE Policies and Procedures



Policies

The ~~Joint~~ Planning Committee membership shall include representatives of Part A ~~and Part B~~ and will strive to include representatives from Part B, Part C, Part D, and Part F, as well as Consumers and other community stakeholders.

The Committee shall conduct activities to develop and update a Needs Assessment in accordance with the Ryan White HIV/AIDS Extension Act of 2009 and the Health Resources and Services Administration (HRSA) mandates. At a minimum, the Needs Assessment development and update will include activities to:

- Determine the size and demographics of the population with HIV disease;
- Determine the needs of that population with special attention to:
 - ❖ Identifying the needs of those who know their HIV status and are not in care;
 - ❖ Early Identification of Individuals with HIV/AIDS (EIIHA); and
 - ❖ Identifying disparities in access and services among affected subpopulations and historically underserved populations.

The Committee shall also be responsible for conducting an annual evaluation and update to the Comprehensive Plan to reflect changing directions of the epidemic, as well as the results of the assessment. The Committee is responsible for ensuring the Plan is relevant to the times and the needs of People Living With HIV/AIDS (PLWHA).

Procedures

~~The Committee shall be responsible for assessing clients' needs through collection of both qualitative and quantitative data.~~

The Committee will coordinate the gathering of public comments in conjunction with other Broward County HIV Health Services Planning Council (HIVPC) committees and activities including public outreach meetings.

The Committee will invite representatives from other planning bodies to participate in the preparation of all planning documents coordinate and collaborate the funding available for services to HIV infected individuals.

The Committee will encourage a cooperative, non-duplicative relationship amongst all providers of HIV/AIDS services.

Needs Assessment Components:

- ~~• An annual Epidemiological Profile which includes estimates of the size and demographics of the population with HIV disease; estimates of individuals in care and not in care; co-morbidity factors; and other severe need factors which impact the cost and complexity of service delivery;~~
- ~~• An annual analysis of utilization trends for the HIV population in the Ryan White Part A system of care;~~
- An annual analysis of Ryan White Part A funding in the context of other sources of funding;
- A review of Client Satisfaction reporting;
- An annual review of Client and Provider perceptions including but not limited to:
 - ❖ Client and Provider perceived needs surveying activities; and
 - ❖ Focus Groups and Key Informant Interviewing
- ~~• The committee will identify capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.~~

Work Plan Components:

- Assist in the Priority Setting and Resource Allocation;
- ~~Maintain-Evaluate and update thea~~ Comprehensive Plan for the organization and delivery of HIV services in Broward County;

- ~~Analyze Impact of the local HIV/AIDS epidemic to identify trends, disparities and barriers to care;~~
- Conduct annual service category assessment;
- Review and Revise Joint Planning Committee Policies and Procedures;
- Coordinate and collaborate the various funding sources available to HIV-infected individuals in Broward County;
- Assist Ad Hoc Broward Re-Entry Committee; and
- Maintain Early Identification of Individuals with HIV/AIDS (EIIHA) Work Plan.

Objective 1. Needs Assessment: Obtain Client Input, Assess Client Needs	Responsible	Outcome	Start	Due	Progress
1.1 Decide if FY14/15 Focus Group needed. Identify questions, populations, recruitment	JPC, Staff	Assess needs of clients	3/13	3/13	
1.2 Review results of FY13/14 Client Survey	JPC, (Data: Staff)	Analyze clients input	4/13	4/13	
1.3 Review draft of Language How Best to Meet the Need. Recommend changes, if any	JPC, (Data: Staff)	Ensure adequate services	5/13	6/13	
1.4 Make recommendations to Priorities Committee on Priority Setting data to use, and Service Category priorities	JPC, (Data: Staff)	Priorities reflect needs	4/13	5/13	
1.5 Prepare for FY2014/15 Needs Assessment to inform PSRA process. Identify components and timelines (Client Survey, Provider Survey, Focus Groups, Key Informant Interviews). Set objectives. Make client revisions. Identify focus groups. Develop questions for focus groups, providers	JPC, Staff	Assess needs of clients	7/13	7/13	
Objective 2. Analyze Impact Local HIV/AIDS Epidemic To Identify Trends, Disparities And Barriers To Care and Strategies to Address					
2.1 Review surveillance data quarterly	JPC, Staff, BCHD	Analyze trends	3/13	12/13	
2.2 Review Epidemiologic Profile by demographics and exposure a. Document disproportionate impact and develop recommendations b. Assess PLWHA populations underrepresented in Ryan White primary care system c. Estimate service gaps among PLWHA and document recommendations	JPC, Grantee, Data: DOH via Staff, Grantee)	Reduce disparities, gaps in service	4/13	4/13	
2.3. Review Unmet Need Estimate a. Develop strategies and activities to address unmet need b. Document completed activities c. Develop recommendations to address unmet need	JPC, Grantee, Staff Data: Staff, Grantee	Reduce unmet need	5/13	5/13	
2.4 Assess Needs of Special Populations a. Identify and study PLWHA populations with special service needs b. Identify cultural barriers to delivering services and recommend actions c. Develop strategy to increase the number of people in medical care d. Identify challenges each population poses for service delivery systems e. Estimate service gaps and costs to address them	JPC, Grantee, Staff Data: Grantee, Staff	Increase patients in care, reduce service gaps	6/13	6/13	
2.5 Assess the impact of co-morbidities on service costs and complexity of providing care to PLWHA: 1) STI rates, 2) prevalence of homelessness, 3) # and % of persons without private insurance or public coverage, 4) # and % of persons <= 300% FPL, and 5) other disease states	JPC, Grantee, Staff (Data: DOH, Staff)	Impact of Co-morbidities on providing care documented	7/13	7/13	
2.6 Discuss prevention, testing linkage barriers. Recommend actions to QM & PSRA	JPC, Staff,	Remove barriers	10/13	10/13	
2.7 Collect and analyze new data: a. Analyze quarterly data from Part A, ADAP on client viral load. Make recommendations b. Collect HHS indicators from Parts A-D c. Identify methodology to measure Community Viral Load (with QM Committee)	JPC, QM, Grantee, Staff (Data: Staff, Grantees, DOH)	Establish baseline and track progress on meeting goals of NHAS	3/13 8/13 12/13	12/13 12/13 12/13	
Objective 3. Review And Revise Three Year Comprehensive Plan Committee Work Plan, Policies And Procedures					
3.1 Review and update Comprehensive Plan to reflect epidemic trends	JPC, Grantee, Staff	Monitor progress	8/13	8/13	
3.2 Review and Update Committee Work Plans <u>and</u> , P&P, EHHA work plan	Exec, Staff, HIVPC	Work Plans Developed	2/14	2/14	
3.3 Annual Evaluation: Assess past year and recommend improvements	Exec, Staff, HIVPC	Improved process	2/14	2/14	

2014-15 Work Plan Calendar for Joint Planning

	March	April	May	June	July	Aug
Joint Planning	1 Quarterly epi, viral load 2 Discuss focus group surveys 3 Recommend how to recruit for focus group	1 FY12 Client survey results 2 Review Grant app data, Epi profile 3 Review PSRA data list	1 Make PSRA recommendations 2 Unmet Need Strategy, recommendations 3 Review draft Language How Best Meet Need	1 Quarterly epi, viral load 2 Develop special populations strategy 3 Approve Language How Best Meet Need	1 Prepare for FY13 Client Survey 2 Data on impact of co-morbidities	1 Review HHS indicator data

	Sep	Oct	Nov	Dec	Jan	Feb
Joint Planning	1 Quarterly epi, viral load 2 Develop Linkage to Care Plan	1 View data on prevention, testing barriers. Make recommendations to QM, PSRA 2 Request HHS data		1 Quarterly epi, viral load 2 Review HHS data on viral load, treatment adherence. Make recommendations		1 Update Work Plan, P&P 2 Annual Evaluation



SYSTEM OF CARE COMMITTEE Policies and Procedures



Policies

The System of Care Committee membership shall include representatives of Part A and will strive to include representatives from Part B, Part C, Part D, and Part F, as well as Consumers, other community stakeholders, and health insurance or Affordable Care Act experts.

The Committee shall conduct activities to evaluate the system of care in Broward County and the impact of the Affordable Care Act on Broward County's system of care. At a minimum, analyzing and evaluating the system of care will include activities to:

- Determine the size and demographics of the population with HIV disease;
- Determine the needs of that population with special attention to:
 - ❖ Identifying the needs of those who know their HIV status and are not in care;
 - ❖ Early Identification of Individuals with HIV/AIDS (EIIHA); and
 - ❖ Identifying disparities in access and services among affected subpopulations and historically underserved populations.

Procedures

The Committee shall be responsible for assessing clients' needs through collection of both qualitative and quantitative data.

The Committee will encourage a cooperative, non-duplicative relationship amongst all providers of HIV/AIDS services.

System of Care Components:

- An annual Epidemiological Profile which includes estimates of the size and demographics of the population with HIV disease; estimates of individuals in care and not in care; co-morbidity factors; and other severe need factors which impact the cost and complexity of service delivery;
- An annual analysis of utilization trends for the HIV population in the Ryan White Part A system of care;
- The committee will identify capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.

Work Plan Components:

- Analyze Impact of the local HIV/AIDS epidemic to identify trends, disparities and barriers to care;
- Analyze Impact of the Affordable Care Act on the local system of care;
- Review and Revise System of Care Committee Policies and Procedures;
- Coordinate and collaborate the various funding sources available to HIV-infected individuals in Broward County

FY 2014- 2015 Broward County HIV Health Services Planning Council **System of Care Work Plan**

Objective 1. Analyze Impact Local HIV/AIDS Epidemic To Identify Trends, Disparities And Barriers To Care and Strategies to Address					
1.1 Review surveillance data quarterly	SCC, Staff, BCHD	Analyze trends			
1.2 Review Epidemiologic Profile by demographics and exposure a. Document disproportionate impact and develop recommendations b. Assess PLWHA populations underrepresented in Ryan White primary care system c. Estimate service gaps among PLWHA and document recommendations	SCC, Grantee, Data: DOH via Staff, Grantee)	Reduce disparities, gaps in service			
1.3 Review draft of Language How Best to Meet the Need. Recommend changes, if any	SCC, (Data: Staff)	Ensure adequate services			
1.4. Review Unmet Need Estimate a. Develop strategies and activities to address unmet need b. Document completed activities c. Develop recommendations to address unmet need	SCC, Grantee, Staff Data: Staff, Grantee	Reduce unmet need			
1.5 Assess Needs of Special Populations a. Identify and study PLWHA populations with special service needs b. Identify cultural barriers to delivering services and recommend actions c. Develop strategy to increase the number of people in medical care d. Identify challenges each population poses for service delivery systems e. Estimate service gaps and costs to address them	SCC, Grantee, Staff Data: Grantee, Staff	Increase patients in care, reduce service gaps			
1.6 Assess the impact of co-morbidities on service costs and complexity of providing care to PLWHA: 1) STI rates, 2) prevalence of homelessness, 3) # and % of persons without private insurance or public coverage, 4) # and % of persons $\leq$ 300% FPL, and 5) other disease states	SCC, Grantee, Staff (Data: DOH, Staff)	Impact of Co-morbidities on providing care documented			
1.7 Discuss prevention, testing linkage barriers. Recommend actions to QM & PSRA	SCC, Staff,	Remove barriers			
1.8 Collect and analyze new data: a. Analyze quarterly data from Part A, ADAP on client viral load. Make recommendations b. Collect HHS indicators from Parts A-D c. Identify methodology to measure Community Viral Load (with QM Committee)	SCC, QM, Grantee, Staff (Data: Staff, Grantees, DOH)	Establish baseline and track progress on meeting goals of NHAS			
Objective 2. Analyze Impact of the Affordable Care Act on Local System of Care					

2014-15 Work Plan Calendar for System of Care

	March	April	May	June	July	Aug
System of Care	1 Quarterly epi, viral load	1 Review Grant app data, Epi profile	1 Unmet Need Strategy, recommendations 2 Review draft Language How Best Meet Need	1 Quarterly epi, viral load 2 Develop special populations strategy 3 Approve Language How Best Meet Need	1 Data on impact of co-morbidities	1 Review HHS indicator data

	Sep	Oct	Nov	Dec	Jan	Feb
System of Care	1 Quarterly epi, viral load 2 Develop Linkage to Care Plan	1 View data on prevention, testing barriers. Make recommendations to QM, PSRA 2 Request HHS data		1 Quarterly epi, viral load 2 Review HHS data on viral load, treatment adherence. Make recommendations		

COMMITTEE DIRECTIVES – HIVPC COORDINATION

HANDOUT E

DUE DATE	TASK	DONE	STAFF	NOTES
May 2	Invite Mark Schweizer & Donna Sabatino to 5.19 Coord. meeting to discuss ad-Hoc SoC cmte	☒	CS	In progress: Donna n/a for 5.19 AM, checking for PM
May 2	Determine if SFAN Exec Cmte will attend Joint Exec meeting on 5.15	☐	CS	Sent follow-up email on 5.2
May 8	Update Brad with quorum for Joint Exec meeting	☐	CS	
May 16	HRSA call – feedback about ad-Hoc SoC cmte	☐	CS	

COMMITTEE DIRECTIVES - EXECUTIVE

DUE DATE	TASK	DONE	STAFF	NOTES
April 25	Letter to Nicolette Solan (HAP-C) from Brad on behalf of HIVPC Welcome to the community, looking forward to working together with her & Part B	☒	CS	Sent
April 25	Letter to SFAN/Joey Wynn about Joint Executive Committee meeting - Invitation to discuss By-Laws recommended changes at Jt Exec mtg on 5/15 - Discuss how two bodies will form a working relationship moving forward	☒	CS	Sent: waiting for response
May 8	New HIVPC Meeting locations – additional locations	☐	CS	
May 8	Dates, times, & locations for town hall meeting December & January, 4 options (day & night), 2-3 hours (maybe 4 hours for set up)	☐	CS	
May 8	Review and vote on attendance tracking procedures for HIVPC/Committee meetings	☐	BJ	

COMMITTEE DIRECTIVES – PSRA

DUE DATE	TASK	DONE	STAFF	NOTES
May 21	Poll PSRA members during meeting about moving meeting location to Gov't Center	☐	CS	
May 21	Get clarification on Form 8B & bring highlighted form to mtg	☐	CS	
May 2	Update scorecards & send to Chairs/cmte members to review	☐	CS/AN	
ASAP	Update LPM to reflect approved PSRA P&P	☒	CS	LPM updated to 4.24.14

COMMITTEE DIRECTIVES – BY-LAWS

DUE DATE	TASK	DONE	STAFF	NOTES
May 5	Notification of By-Laws recommended changes - On website, email, mail (mailout list) - Put in HIVPC meeting packet - County notification?	☐	CS	
May 15	Make quick/easy updates to By-Laws in track changes & highlight to bring to cmte	☐	CS	
May 15	Bring System of Care research to cmte	☐	CS	

COMMITTEE DIRECTIVES – MEMBERSHIP

DUE DATE	TASK	DONE	STAFF	NOTES
May 1	Follow up on HIVPC membership applications: Amalio Neives, Philip Greenberg, Josh Rodriguez, and Atensia Earp	☒	BJ	In Progress: Follow up information sent to A. Earp and M. Moore
May 1	Provide a list of service agencies for HRSA mandated seat categories	☒	BJ	
May 1	Add P&P regarding excused absences to MCDC Agenda and include history of why it is being brought back to the committee	☒	BJ	Complete: it was sent to BL and it was determined that it was not contained in BL, but a Membership Policies and Procedures issue.
May 1	Discuss 75% rule with committee (modify, eliminate, etc) and bring back recommendations to the next Executive Meeting. and provide	☒	BJ	
June 5	Provide full attendance packed for committee	☐	BJ	
ASAP	Send warning letter to HIVPC members who have exceeded the maximum number of excused absences	☐	BJ	
May 1	Add HIVPC Vice Chair to Mentor list	☒	BJ	

COMMITTEE DIRECTIVES –JCCR

HANDOUT E

DUE DATE	TASK	DONE	STAFF	NOTES
June 3	BRHPC social media policy and create a social media plan	☐	BJ	
July 1	Confirm Hot Topic speaker for next JCCR committee meeting	☒	BJ	Complete: Marsha McBain informed she will be available to present in August

COMMITTEE DIRECTIVES –QUALITY MANAGEMENT

DUE DATE	TASK	DONE	STAFF	NOTES
May 19	Feedback from all QI Networks regarding the advantages and challenges for requiring clients to provide Viral Load and CD4 Count data every 6 months for CIED.	☐	BJ/TM	
May 19	Provide historical documentation in reference to the “Asses Effectiveness of Services Offered” section of the Quality Management Committee’s Policies and Procedures.	☐	BJ	
May 19	Pull numbers of clients from the FY 12-13 and FY 13-14 who were eligible for each measure of the NQC In+Care Retention Measures summary in order to further examine statistical trends.	☐	BJ/TM	

COMMITTEE DIRECTIVES –RECRUITMENT AND RETENTION

HANDOUT E

DUE DATE	TASK	DONE	STAFF	NOTES
May 7	Contact colleges/universities' marketing and media arts departments for student interns to assist in the creation of a new HIVPC brochure for consumers and regular HIVPC interested parties	☒	BJ	Complete: contacted Ambit Marketing with brochure change information
May 7	Provide a list of recruitment agencies for vacant PC seats	☐	BJ	In Progress