

COVER SHEET 2017 GRANTS - ORRVILLE AREA UNITED WAY

AGENCY NAME: Healthcare 2000 Community Clinic, Inc., dba Viola Startzman Clinic

Mission Statement: "The Viola Startzman Clinic provides medical and dental care, in an atmosphere of dignity and respect, to lower-income residents of Wayne County."

AGENCY DIRECTOR/PRESIDENT: Name Jaime Parsons

Telephone (330)262-2500 x102 Fax(330) 264-8713 E-Mail jparsons@startzmanfreeclinic.org

Board President: Name Roger Proper

Address 225 North Market Street City Wooster E-Mail: proper@ccj.com

Compute your Agency's overhead using your most recent 990 using this formula

| | | |
|---|----------|------------------|
| Add Management & General (Part IX, Line 25, Column C) | | \$90,656 |
| Fundraising (Column D) | + | \$33,256 |
| TOTAL | = | \$123,912 |
| Divide total by Part VIII, Line 12, Column A (Total Expenses) | | 18% |

Program Funding Requests:

| | |
|-----------------------------------|-----------------------------------|
| 1) Healthcare for the Underserved | <i>New Request?</i> No |
| <i>Funded 2016</i> \$35,000.00 | <i>2017 Requested</i> \$40,000.00 |

\$40,000 **Sum Total of all Dollars Requested 2017**

I affirm that I have reviewed this application for funding, and, to the best of my knowledge, confirm that the information presented here is a financially, statistically, and programmatically accurate representation of our agency.

Jaime Parsons
Chief Professional Officer Signature

9/8/2016
Date

Roger Proper, Board Chair
Board President or Treasurer' Name (Please indicate which)

[Signature]
Board President or Treasurer's Signature

9-8-2016
Date

2017 Program Information

Please use a separate form for each program.

1. Agency: Viola Startzman Clinic

2. Program Name: Health Care for the Underserved

A. Based on the targeted outcomes of this program, from which of the following community impact areas are you requesting funding?

Nurturing Children & Youth

(Provides positive outcomes that help children and youth succeed in school and develop into successful adults)

Helping In Hard Times

(Provides emergency assistance: food, shelter, clothing, and legal help)

Developing Life Skills

(Provides positive outcomes with programs that enable individuals and families to become more emotionally, physically, and/or financially stable)

Promoting Health & Wellness

(Provides positive outcomes with programs that enable individuals and families to have access to prevention and/or treatment in the health arena, enabling them to become and/or stay healthier emotionally, physically, and/or financially)

B. Is this Program

New program

Expanded program

Continuation of a previously funded program

3. Please complete the following for each program:

| | | | | |
|---------------------------|---|---|---|---------------------|
| \$40,000 | + | \$597,000 | = | \$637,000 |
| Funds Requested From OAUW | | Funds Requested/Received From Other Sources | | Total Program Funds |

4. If previously funded program, are you asking for increased dollars of support?

Yes No

5. If yes, why are you requesting more money?

While the Affordable Care Act provided many people with access to health insurance, we continue to see that it did not adequately address the issue of access to healthcare for the underserved. In 2016 we have seen a surprisingly large number of new patients coming through our doors who are uninsured. We've also experienced many current patients losing coverage either from changes in the Medicaid system, or from unaffordable premiums. Nearly 38% of our current patients have no health insurance. Nearly 80% of our dental patients have no dental insurance. For our low income patients with insurance, the average deductible is \$4,000, with \$8,500 in out-of-pocket expenses. For our patients, accessing affordable care would be impossible if it were not for our clinic.

In 2017, there are several legislative initiatives and healthcare trends which will potentially hit our patients hard. One is the Medicaid 1115 Waiver, which would require Medicaid recipients to pay a monthly premium. Recently released information also indicates the cost of Marketplace insurance plans will increase again this year, and several insurance carriers are eliminating coverage in our area of Ohio, leading to less competition, and therefore less competitive rates. In addition to these two issues, we are seeing a general rise in the cost of many of the medications our patients depend on, and healthcare providers at all levels are being required to comply with onerous regulations which increase the cost of doing business, even for an organization as frugal as the Viola Startzman Clinic.

In 2017 we are hoping to add several additional services to the clinic in order to meet the demand we see in the community. We have recruited a volunteer dentist to start a denture lab in our clinic, we are in conversations to hire an additional dentist to increase our dental services to five days each week, and we are making plans to add behavioral health counselors to our staff to meet the growing need for additional mental health services in our county. With the assistance of these behavioral health workers, our medical staff is investigating offering Medication Assisted Treatment for patients struggling with drug addiction. While we continue to utilize volunteers to support the majority of our clinic growth, there are always behind-the-scenes supply and equipment needs that must be met. Since these volunteers see mainly uninsured patients, there are no avenues of support other than grants and donations. For all of these reasons, we are asking for a modest increase in support from the Orrville Area United Way.

6. If your agency was not funded for the full amount you requested for 2016, what impact did this have on your program? What adaptations did you have to make?

Because of not being completely funded as well as seeing reduction in other funding sources, we delayed the expansion of our dental program for a year while we sought additional support. When faced with a provider transition early in the year, we chose to hire a nurse practitioner for four days each week rather than five, and more heavily leaned on our volunteer providers to fill the gap. While our patients saw little impact, the administrative stress of more intense volunteer and care coordination has been evident behind the scenes.

7. How will the agency adapt this program next year if your requested funding level cannot be met or if a decision is made that the program will not be funded at all next year?

If we are unable to secure adequate funding, we may continue to delay the much-needed dental expansion project we have planned. Currently, while we treat acute pain issues immediately, our wait list for dental procedures is over four months, and for our patients to get affordable dentures, they are often waiting more than a year for our partner organization to be able to schedule them. Another modification we would consider is shortening appointment slots for medical patients and reducing the overall hours the medical clinic is open. This would reduce the time to provider is able to spend with each patient and severely limit the in-depth patient education / intervention that our providers currently devote to each patient. The quality of treatment interventions will consequently suffer. We will also be forced to begin reducing or eliminating all non-essential services such as dental cleanings, medication assistance programs, case management services, and patient wellness programs. These would have devastating effects on our patient outcomes and in the success we have seen in moving our patients into healthier overall lifestyles, enabling them to return to work or caring for their families.

8. Please describe the fees and reimbursements associated with this program.

Fees:

Sliding Fee Schedule:

In 2017, the VSC will be implementing a sliding fee schedule to help support our patients who are working to move their families out of poverty without encountering benefit "drop offs" that often hinder their efforts. Services will remain free for those under 200% of the federal poverty level. For those under 300% of the federal poverty level, a 50% discount will be given, and for those under 400% of the federal poverty level, a 25% discount will be given. It is our hope that this model better supports our community members who are striving to reach a more financially-independent state.

Insurance Reimbursement:

If a qualified patient is insured, we bill their insurance for any applicable reimbursement. In 2016, we have seen \$5,468 in insurance reimbursement, a mere 8% of our overall income. If a patient has a co-pay or deductible, we ask that they pay as much of it as possible. Most can pay little, if any, of these costs. We are committed to providing care regardless of a patient's ability to pay, therefore we never turn anyone away for this reason. In addition, many of our patients have no health insurance, or have high deductible plans. For these patients, the VSC does not receive any insurance reimbursement for the care we provide.

Government Subsidies:

The VSC does not receive government subsidies other than a small competitive Block Grant from the City of Wooster.

Community Impact

8. Describe the target population and eligibility requirements for the Program:

The VSC serves lower income residents of Wayne County. In 2016, a family of four could earn \$48,500 and be eligible to receive free care at the Viola Startzman Clinic. In 2017 we will extend discounted (not free) care to those patients with household incomes up to 400% of the federal poverty level. However, funds from this grant will only be used to benefit patients with incomes under 200% of the federal poverty level.

This program funds care for both uninsured and underinsured individuals. Underinsured patients typically have insurance plans with deductibles and out of pocket maximums beyond what is reasonable to expect a family to pay. For instance, a family of four whose income is \$29,000 per year and whose insurance deductible and out of pocket expenses equate to over \$10,000. They are clearly unable to afford the health insurance which would help them access care. Even patients with a \$25 co-pay struggle to afford care. For them, it is often the choice between seeking healthcare and putting food on their table for a week. It is for these patients that we remain committed to providing care, regardless of their ability to pay.

9. What agencies or programs in the community provide similar services? Please be specific about how we can differentiate this program from others.

We are the only organization in Wayne County offering free and comprehensive healthcare services to the uninsured and underinsured. Because of changes in the healthcare arena, we are even finding it difficult to help patients access free or reduced care for emergency or acute issues at area hospitals, or specialty care at any community healthcare facilities. Without insurance, patients are being charged full price for all services they receive. In addition, most Medicaid patients cannot find providers to fully treat their complicated chronic healthcare needs, provide preventative care, access medications or medical supplies, or obtain dental treatment.

As good stewards of the Clinic's finances, we continue to do our best to avoid duplication of services without compromising patient care, and we participate in collaboration of care with existing resources within Wayne County. We only consider adding duplicated services if there is a verifiable shortage of the service being offered by other agencies or if patients encounter repeated roadblocks in accessing services from other agencies. For instance, when our monitoring of patient "chief complaints" and overall patient diagnoses revealed that behavioral health issues were steadily climbing and the average patient wait time to access adequate behavioral health services was three months, we began investigating what role the VSC could play in decreasing this shortage. These factors, coupled with strong research-based studies on the success of an integrated medical-behavioral health model has led our board to expand the clinic services to include limited behavioral health services for existing patients.

The other differentiating factor is that our first effort to meet a need always starts with recruiting qualified volunteers. When we needed to trim money from our medical clinic budget, we recruited three newly retired physicians and a volunteer nurse practitioner to provide rotating coverage one day each week. When we realized the need for behavioral health services, we recruited four volunteer counselors and a volunteer social worker to help us start the program. We tend to hire staff only for roles requiring continuity of care or supervision of volunteers. Because of this, our clinic staffing is very lean while our volunteer team continues to grow.

Impact Analysis

10. Describe the targeted outcomes of this program. In other words, you ran this program, you gave clients certain skill sets, you increased their knowledge, and you treated their illness, which is all good. But how have you changed the lives of those people, and as a result, our community?

Please include the following information in your narrative *and limit this to 2 pages*:

Description of the activities and resources you use to accomplish these outcomes

- Comprehensive primary care medical services for preventative, acute and chronic conditions
- Dental services including cleanings, fillings, root canals, extractions, planing, fluoride treatments and sealants
- Same day appointments to treat acute issues and keep patients out of the Emergency Room.
- On-site specialty clinics including physical therapy, occupational therapy, urology, women's health, endocrinology, dermatology, infectious disease, pain management and others
- Behavioral health and substance abuse counseling provided both on-site through volunteer counselors and through collaboration with area agencies
- Intensive case management and Ohio Benefit Bank services
- Insurance enrollment and counseling via an onsite licensed Federal Insurance Navigator
- Wellness and educational programs including smoking cessation, diabetes support groups, weight loss, alternatives to pain control, healthy eating, financial literacy and others
- Medication assistance through discounted prescriptions, medication assistance plans through drug companies and free medications through our drug repository program

In 2015, the VSC provided the following services:

- 4,102 individuals served over the course of 11,005 patient visits for care
- 1,899 dental visits
- 1,167 referrals made for patients to receive free or reduced care from a medical specialist
- 6,899 free medications dispensed through our drug repository program
- 7,038 patient visits for in-house laboratory testing
- 248 preschool children assessed by Ohio Optometric Association certified screeners for vision correction issues
- 414 patients enrolled in a qualified health insurance plan by our certified insurance Navigator
- Nearly \$45,000 of benefits connected to 107 patients through our Ohio Benefit Bank program
- 512 patients assisted through intensive case management
- 160 participants in our new wellness / preventative care program

In order to accomplish its Mission, the VSC relies on the following resources:

- 7,800 square foot fully-functioning medical and dental facility, owned by the VSC
- Electronic Medical Record system donated by Wooster Community Hospital
- Laboratory testing provided free of charge by the Cleveland Clinic
- 15 member licensed clinical and support staff team (10 FTE's)
- 410+ member volunteer team
- Wooster Community Hospital, Aultman Orrville Hospital, and Cleveland Clinic Wooster, which provide both monetary and in-kind support
- Network of medical specialists that agree to treat VSC patients either free or at a reduced rate
- Contract with Ohio Drug Repository for donation of over \$6.2 Million of medications in 2015

- Large base of individual and corporate donors, as well as private foundations that support the VSC through grant funding

Information about the tools you use to measure outcomes

We utilize our Electronic Medical Record (Centricity) to track not only patient demographics and visit notes, but patient outcomes, Emergency Room utilization, referral tracking and more. Data is collected through clinical methods such as blood pressures, patient height / weight / BMI, CLIA-waived laboratory tests run in-house (hemoglobin A1C, stool cultures, pregnancy tests, etc.), blood tests, X-rays and other radiological studies, and other diagnostic testing. We also utilize annual patient surveys to gauge more subjective data such as patient satisfaction.

Dialogue about the challenges you face in measuring the success of the program

We face two main challenges in measuring overall patient health outcomes: we must rely on patient surveys to track and measure education and lifestyle changes and, while some health indicators are fairly easy to track, others are more subjective and thus harder to quantify. Nonetheless, tracking year-to-year demonstrates we do receive consistent, meaningful feedback from our patients indicating a high level of quality, comprehensive care and education.

Specific information about the recorded outcomes you achieved last year

In 2015 we tracked outcomes in several categories. Below are the results:

- 65% of diabetic patients reached a target HbA1C goal of a 7.0 or lower
- 44% of hypertensive patients reached a target blood pressure goal of 130/90
- 71% of hyperlipidemic patients reached a target LDL goal of 130 or lower
- 99% of patients claimed to be satisfied or strongly satisfied with their care
- 90% of patients report reducing or eliminating their emergency room usage after becoming a patient at the VSC
- 85% of patients report that receiving care at the VSC enabled them to return to work after an illness or injury
- 43% of patients who participated in a smoking cessation program reported reduced or eliminated dependence on nicotine after six months
- 87% of patients report increased quality of life after participation in our wellness programs

Discussion of whether or not your outcomes met, exceeded or fell short of your desired outcomes

Over the last eight years of tracking clinical outcomes, we have significantly improved health outcomes for patients with diabetes, hypertension (high blood pressure), and hyperlipidemia (high "bad" cholesterol). Our outcomes are competitive (and better in some cases) than national disease management standards. When you take into account the lifestyle challenges our patients face (lack of social support networks, lack of access to or funds to buy healthy food, chaotic lifestyles, etc.) we are very proud of our outcomes.

All of our clinical goals were exceeded by our patient outcomes, they were:

- 35% of diabetic patients who receive at least 2 A1C tests would reach an HbA1C level of 7.0 or less
- 30% of hypertensive patients would reach a blood pressure goal of 130/90 or less
- 65% of hyperlipidemic patients would reach an LDL goal of 130 or less.

One additional goal was that at least 90% of patients would claim to be satisfied with the care they received and report that they were treated with dignity and respect. On our annual patient satisfaction survey, 99% of patients said they were satisfied with their care, and 99% said they were treated with dignity and respect. We are proud to have exceeded this goal as well.

Program Outputs

11. Define a unit of service. If it is not possible to define one unit, please state why.

Remember that whatever the method of measurement, you are consistent from year-to-year.

A unit of service is defined as any type of patient visit to the main clinic or to an off-site location for a VSC-sponsored clinic. Examples of visit types include accessing a walk-in clinic, having an appointment with the nurse practitioner or dentist, refilling a medication, having a vision screening assessment, or having lab work completed. We do not count encounters at health fairs or other community events as a visit or a unit of service.

12. Complete the following if the agency is seeking United Way funding for this program.

| Year | Number of Clients in zip codes 44667, 44618, 44645 | Number of Clients in all of Wayne County | Clients on a Waiting List |
|----------------|--|--|---------------------------|
| 2015 Actual | 486 | 4,102 | 0 |
| 2016 Projected | 475 | 4,000 | 0 |
| 2017 Projected | 500 | 4,500 | 0 |

13. Unit Cost: Please explain changes either up or down in your cost

| Year | Individuals or Units of Service | Total Cost of Program | Unit Cost (Cost/Units) |
|----------------|---------------------------------|-----------------------|------------------------|
| 2015 Actual | 11,005 | \$611,840 | \$55.59 |
| 2016 Projected | 11,000 | \$622,000 | \$56.54 |
| 2017 Projected | 11,500 | \$637,000 | \$55.39 |

14. Individuals served

Last year (actual): 4,102

This year (projected): 4,000

Client Demographics

14.

| | NUMBER |
|--------------------------------------|---------------|
| Types of Clients: Individuals | 4,102 |
| Information & Referral, Brochures | NA |
| Organizations | NA |

| PLEASE COMPLETE THE INFORMATION FOR INDIVIDUAL CLIENTS ONLY | | |
|---|--|-----------------------|
| Age Group: Under 5 | | 387 |
| 6 thru 12 | | 110 |
| 13 thru 17 | | 42 |
| 18 thru 34 | | 729 |
| 35 thru 54 | | 1094 |
| 55 thru 64 | | 1028 |
| 65 thru 74 | | 615 |
| 75 thru 84 | | 26 |
| 85 and over | | 9 |
| Unknown | | 62 |
| TOTAL INDIVIDUALS: | | 4,102 100%* |
| Gender: Male | | 1,722 |
| Female | | 2,380 |
| Unknown | | 0 |
| TOTAL INDIVIDUALS: | | 4,102 |

| | NUMBER | | NUMBER |
|---------------------------|--------------|-------------------------------------|--------------|
| Household Income: | | Ethnic/Racial Background: | |
| \$0 thru \$11,999 | 1,180 | White | 3,276 |
| \$12,000 thru \$14,999 | 1,084 | Black or African American | 201 |
| \$15,000 thru \$24,999 | 1,266 | Hispanic or Latino | 433 |
| \$25,000 thru \$49,999 | 469 | American Indian or Alaska Native | 12 |
| \$50,000 thru \$74,999 | 38 | Asian | 115 |
| More than \$75,000 | 3 | Native Hawaiian or Pacific Islander | 3 |
| Unknown | 62 | Unknown | 62 |
| TOTAL INDIVIDUALS: | 4,102 | TOTAL INDIVIDUALS: | 4,102 |

*NOTE: All TOTALS should be the same number

**Orrville Area United Way
Supplemental Agency Questions**

Viola Startzman Clinic
Agency Name

9-8-2016
Date

Please check the appropriate box in answer to each question.

| | Yes | No | Don't Know |
|--|------|--------------------------|--------------------------|
| Does the agency have checks/balances and distribution of responsibilities such that tasks such as opening mail, paying bills, signing checks, bookkeeping, producing internal financial reports do not rest in the hands of too few persons? | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Have the board and top administrative officers discussed/reviewed/agreed upon what is appropriate in terms of division of these responsibilities? | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the agency have a board approved Fiscal Policy? | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the auditor meet with the board and top administrator to discuss audit results? | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the board conduct an annual evaluation of the top administrative officer? | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the evaluation results in written form? | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the agency have written by-laws to which they adhere? | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the board and/or a Financial Committee or Executive Committee review complete financial statements monthly including cash flow statements? | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the agency goals/objectives/plans in written form? | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the agency by-laws/guidelines specify a length of term for board members? | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Are board members required to rotate off the board for some minimum amount of time upon completion of some maximum time of service? | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the agency currently compliant with guidelines for submitting an Audit including the management letter, 990, Agency Agreement, and Verification of Registration with the State of Ohio Attorney General's Office to United Way? | X | <input type="checkbox"/> | <input type="checkbox"/> |
| What percentage of your Board financially supports your agency? | 100% | | |


Roger Proper, Board President


Jaime Parsons, Executive Director

Viola Startzman Clinic Budget Form

| | Actual 2015 | Projected 2016 | Proposed 2017 |
|--------------------------------|-------------------|-------------------|-------------------|
| INCOME: | | | |
| CONTRIBUTIONS | \$ 205,665 | \$ 195,000 | \$ 200,000 |
| FUNDRAISERS | \$ 114,656 | \$ 110,000 | \$ 115,000 |
| GRANTS | \$ 85,020 | \$ 127,800 | \$ 90,000 |
| PATIENT SERVICES | \$ 18,540 | \$ 20,000 | \$ 50,000 |
| INVESTMENT INC | \$ 27,893 | \$ 28,000 | \$ 32,000 |
| UNITED WAY | \$ 162,992 | \$ 141,096 | \$ 150,000 |
| MISC INCOME | \$ 25 | \$ 1,100 | \$ 500 |
| TOTAL INCOME | \$ 614,791 | \$ 622,996 | \$ 637,500 |
| EXPENSES: | | | |
| WAGES & BENEFITS | \$ 430,409 | \$ 460,000 | \$ 480,000 |
| FACILITY | \$ 36,886 | \$ 35,000 | \$ 35,000 |
| PROF DEVELOP | \$ 5,941 | \$ 6,000 | \$ 6,000 |
| DIRECT CLINIC COSTS | \$ 43,699 | \$ 48,000 | \$ 50,000 |
| VOLUNTEER DEVELOP | \$ 180 | \$ 1,000 | \$ 1,000 |
| FUNDRAISING | \$ 29,475 | \$ 15,000 | \$ 10,000 |
| ADMIN COSTS (w/o depreciation) | \$ 65,250 | \$ 57,000 | \$ 55,000 |
| TOTAL EXPENSE | \$ 611,840 | \$ 622,000 | \$ 637,000 |
| NET CHANGE | \$2,951 | \$996 | \$500 |
| VALUE OF IN-KIND SERVICES | \$433,207 | \$450,000 | \$400,000 |
| DEPRECIATION | \$47,542 | \$47,331 | \$47,000 |

Viola Startzman Clinic

Explanation of Financial Variations

Income

Grants:

We have several two year grants, which are fully recorded in the year of the original award. Because of this, we see year to year fluctuation on an accrual basis, whereas on a cash basis, the income is steady from year to year. Those grants were awarded in 2016, leading to a higher grant income this year than 2015 or 2017.

Patient Services:

This has been a rollercoaster of expectations for us. If the Affordable Care Act and Medicaid expansion had worked the way envisioned and intended, our patient care income would be much higher. However, because most of our patients have remained uninsured or have high deductibles, we have not received much in terms of patient income. In 2017, our accreditation as a Rural Health Clinic will be complete, thus we anticipate a higher and steady per visit rate for our Medicaid and Medicare patients, as opposed to the very small reimbursement we get now. Thus the projected increase in this line for 2017.

Investment Income:

In 2016 we were notified of an estate gift which will be deposited into our endowment fund held at the Wayne County Community Foundation in 2017. Because of this, we anticipate a higher investment earning in that year.

Expenses

Wages and Benefits

With our goal of adding dentists and behavioral health counselors, we are anticipating a higher wage / benefit expense for 2017. We do not project significant raises for current staff. All budget increases in this line will support growth in programming.

Fundraising:

We have eliminated our "Meal That Heals" fundraiser which was seeing declining profit and increasing costs. We are replacing it with an alternative fundraiser with very little projected expenses since all material costs have been donated.

Explanation for usage or funding of excess or deficits

The leadership of the clinic closely monitors income and expenses, and makes timely adjustments to operations in order to stay within our budget. Taking depreciation out of our budget, as you can see, we have been very close to the budgeted amount, and just slightly in the black. That is exactly where we aim to be. We put any excess funding into a board designated capital account to be used for facility and equipment upgrades as needed in the future.

Our board monitors cash flow monthly and has been adamant that we operate with at least three months worth of cash on hand. To date, we have been able to maintain that level of financial stability. This ensures to the community that the Viola Startzman Clinic is a sustainable organization which will be around to meet the needs of our community for the long term!

Grants & Collaborations

Orrville Area United Way – **Complete this form for each applicant program**

Date: September 8, 2016

Agency: Viola Startzman Clinic

Program: Healthcare for the Underserved

Please respond in writing to the following questions:

1. What would happen if your program were to disappear?

The Viola Startzman Clinic (VSC) is the only organization in Wayne County offering comprehensive health care services to the low-income, underserved residents in Wayne County. These residents would turn to emergency departments at area hospitals or go without necessary medical care.

2. What would happen if you were not to receive the requested amount?

If we are unable to secure adequate funding, we may continue to delay the much-needed dental expansion project we have planned. Currently, while we treat acute pain issues immediately, our wait list for dental procedures is over three months, and for our patients to get affordable dentures, they are often waiting more than a year for our partner organization to be able to schedule them. A delay in this expansion will have devastating effects. Another modification we would consider is shortening appointment slots for medical patients and reducing the overall hours the medical clinic is open. This would reduce the time to provider is able to spend with each patient and severely limit the in-depth patient education / intervention that our providers currently devote to each patient. The quality of treatment interventions will consequently suffer. We will also be forced to begin reducing or eliminating all non-essential services such as dental cleanings, medication assistance programs, case management services, and patient wellness programs. These would have devastating effects on our patient outcomes and in the success we have seen in moving our patients into a healthier overall lifestyle, enabling them to return to work or caring for their families.

3. Specifically, how would decreases in your grant impact your programming:

a. 25% decrease?

A decrease of \$10,000 could result in eliminating free medications to our patients, or decreasing our dental services to four days per week.

b. 50% decrease?

A decrease of \$20,000 would result in the VSC eliminating our part time dental hygienists and discontinuing our preventative dental program.

c. 75% decrease?

A decrease of \$30,000 would mean the VSC would eliminate all case management services as well as the cuts listed above.

4. What other organization/s provide/s the same or similar services/programs?

As good stewards of the Clinic's finances, we continue to do our best to avoid duplication of services without compromising patient care, and we participate in collaboration of care with existing resources within Wayne County. We only consider adding duplicated services if there is a verifiable shortage of the service being offered by other agencies or if patients encounter repeated roadblocks in accessing services from other agencies. For instance, when our monitoring of patient "chief complaints" and overall patient diagnoses revealed that behavioral health issues were steadily climbing and the average patient wait time to access adequate behavioral health services was three months, we began investigating what role the VSC could play in decreasing this shortage. These factors, coupled with strong research-based studies on the success of an integrated medical-behavioral health model has led our board to expand the clinic services to include limited behavioral health services for existing patients.

5. Specifically, how are you collaborating with other agencies/organizations?

The VSC leads in finding collaborative arrangements that result in lower-cost patient care. For example, chronically ill patients require ongoing prescription care, which the VSC provides without charge by accessing many sources. Through an agreement with Wooster Community Hospital (WCH), we purchase many common medications at WCH's cost, saving thousands of dollars each year. To obtain expensive medications for individual patients, we access prescription assistance programs offered by pharmaceutical companies. The VSC receives free medications from the Ohio Drug Repository program.

The VSC already looks to many community partners to help bring our costs down to far below the national average for medical care. Patients requiring additional care beyond the scope of what the VSC provides are referred to local specialists for care and treatment. The VSC has relationships with approximately 60 area medical specialists who agree to treat referred VSC patients either free or at a reduced rate. While this is becoming more difficult, we are still able to leverage our relationships to access this care on a limited basis for patients without insurance. Our volunteers provide one hour of donated time for every three hours of paid staff time – a total of over 6,000 hours in 2015. These valuable partnerships within the local medical community, along with the help of our devoted 400+ member volunteer team, allow the VSC to provide comprehensive care to each patient for under \$150 a year.

We also have strong collaborations with other Wayne County agencies. For instance, through a partnership with OneEighty, we are able to offer basic substance abuse interventions onsite at the VSC. In return, our providers offer physicals to shelter residents, as well as sick care to residents in all of the OneEighty shelters. Other collaborations are in place with People to People Ministries for medication assistance, The Counseling Center and Anazao (behavioral health services), Community Action (transportation), the local YMCA's (discounted memberships for our patients on wellness plans), Job and Family Services (Medicaid and benefit enrollment and administration) and many more.

The Cleveland Clinic processes all of our lab specimens as a donation, and both Wooster Community and Aultman Orrville Hospitals provide discounted or free diagnostics tests to our patients.

6. What services/programs for which you are requesting support are complementary services in collaboration with other entities?

Our comprehensive patient strategy is intricately intertwined with all of the above partners. The program we are requesting funding for is 100% dependent on these collaborations. Without them, we would not be able to effectively diagnose and treat our patients.

2017 Fundraising Calendar

| Event Name | Approximate Date | Projected Financial Goal |
|--|--------------------|--------------------------|
| Annual Campaign (continuation of 2016 Campaign) | January | \$10,000 |
| | | |
| Hearts for Hope Campaign | January / February | \$20,000 |
| | | |
| Newsletter #1 Mailed | February | \$7,000 |
| | | |
| Charity Wine Tasting Event | April | \$25,000 |
| | | |
| Brown Bag Concert Series at St. James Episcopal Church | April-May | \$1,000 |
| | | |
| Newsletter #2 mailed | May | \$7,000 |
| | | |
| Summer Dental Campaign | August 1 | \$15,000 |
| | | |
| Brown Bag Concert Series at St. James Episcopal Church | Oct.-Nov. | \$1,000 |
| | | |
| Annual campaign | Nov. 1 | \$80,000 |
| | | |
| | | |

| VIOLA STARTZMAN CLINIC BOARD OF TRUSTEES ATTENDANCE 2015 | | | | | | | | | | | | |
|---|-----|-----|--------|-------|-----|------|------|--------|------|--------|-----|--------|
| NAME | JAN | FEB | MARCH | APRIL | MAY | JUNE | JULY | AUGUST | SEPT | OCT | NOV | DEC |
| Ferguson, Sharon | X | X | No Mtg | X | E | E | X | E | E | No Mtg | X | No Mtg |
| Fonte, Carla | X | X | No Mtg | X | X | X | X | X | X | No Mtg | X | No Mtg |
| Hoffman-Hanger, Traci | E | X | No Mtg | E | X | X | X | X | X | No Mtg | X | No Mtg |
| Keating, Adam | X | X | No Mtg | E | X | X | X | X | E | No Mtg | X | No Mtg |
| Kiefer, Alan | E | X | No Mtg | X | X | X | X | X | X | No Mtg | E | No Mtg |
| Morgan-Clement, Linda* | X | X | No Mtg | X | E | E | X | X | E | No Mtg | X | No Mtg |
| Norton, Mark | E | E | No Mtg | E | X | E | E | X | X | No Mtg | R | No Mtg |
| Proper, Roger | X | X | No Mtg | X | X | X | X | X | X | No Mtg | X | No Mtg |
| Relle, Ferenc* | X | X | No Mtg | X | X | X | X | E | X | No Mtg | X | No Mtg |
| Robertson, James | X | E | No Mtg | E | X | X | X | X | X | No Mtg | X | No Mtg |
| Sander, Larry | X | E | No Mtg | E | E | X | X | X | X | No Mtg | X | No Mtg |
| Starlin, Justin | E | E | No Mtg | E | X | E | E | E | X | No Mtg | X | No Mtg |
| Streeter, Mary Alice | X | X | No Mtg | E | X | X | X | X | X | No Mtg | X | No Mtg |
| Tierney, Tom | X | X | No Mtg | X | E | X | X | X | X | No Mtg | X | No Mtg |
| Vanderzyden, Chris | X | E | No Mtg | X | X | X | E | X | X | No Mtg | X | No Mtg |
| VanSickle, Christy | X | E | No Mtg | E | X | E | X | X | E | No Mtg | X | No Mtg |
| Parsons, Jaime | X | X | No Mtg | X | X | X | X | X | X | No Mtg | X | No Mtg |

| "KEY" | |
|-------|--------------------|
| CXL | CANCEL |
| AB | ABSENT |
| X | PRESENT |
| E | EXCUSED |
| R | RESIGNED |
| * | DENOTES NEW MEMBER |

No Board Members are clients who are currently receiving services