

COVER SHEET 2018 GRANTS - ORRVILLE AREA UNITED WAY

AGENCY NAME: Anazao Community Partners

Mission Statement: Our mission is to meet the behavioral health needs of our community in a timely fashion.

AGENCY DIRECTOR/PRESIDENT: Name Mark E. Woods, Executive Director

Telephone 330.264.9597 Fax 330-264-0946 E-Mail woodsm@anazao.co

Board President: Name Joel Chupp

Address 157 Park Ave. City Wooster E-Mail jchupp@ssnet.com

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

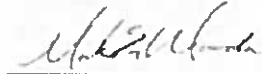
Add Management & General (Part IX, Line 25, Column C)		<u>\$399,285</u>
Fundraising (Column D)	+	<u>\$0</u>
	=	<u>\$399,285</u>
TOTAL		
Divide total by Part VIII, Line 12, Column A (Total Revenue)		<u>17%</u>

Program Funding Requests:

- 1) Orrville Office Operations – Outpatient Behavioral Health Services *New Request? No*
Funded 2017 \$5,000 *2018 Requested \$7,800*
- 2) Fitting It All Together – Prosocial Services to Support In- and At-Risk Youth *New Request? No*
Funded 2017 \$3,500 *2018 Requested \$7,200*
- 3) _____ *New Request? _____*
Funded 2017 \$ _____ *2018 Requested \$ _____*
- 4) _____ *New Request? _____*
Funded 2017 \$ _____ *2017 Requested \$ _____*

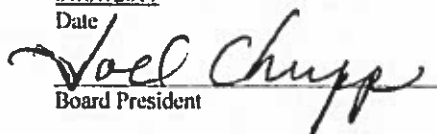
\$15,000 Sum Total of all Dollars Requested for 2018

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.



 Chief Professional Officer Signature

Joel Chupp
 Board President

09/07/2017
 Date

 Board President 9/7/17
 Date

2018 Program Information

Please use a separate form for each program.

1. Agency: Anazao Community Partners

2. Program Name: Fitting It All Together – Prosocial Services to Support In- and At-Risk Youth

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:

<u>\$7,200</u>	+ <u>\$251,293</u>	= <u>\$258,493</u>
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?

Operational expenses have continued to grow. In addition, previous funding was cut and current restructuring at state level (Medicaid Behavioral Health Redesign) will result in further cuts to existing funding.

6. If your program was not funded for the full amount you requested for 2017, what impact did this have on your program? What adaptations did you have to make?

To adapt to less than full funding for the 2017 request, fewer youth were enrolled in some FIAT component services, including specifically Equine Therapy.

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?

There will be a potential further reduction in served youth, or in mix of service components offered to youth. This has the potential to increase wait times and thus decrease outcomes for consumers.

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

Fees:

Sliding Fee Schedule: FIAT service components outside of core Case Management/Community Psychiatric Supportive Treatment components are not eligible for sliding fee schedule.

Insurance Reimbursement: FIAT service components outside of core Case Management/Community Psychiatric Supportive Treatment components are not eligible for insurance or Medicaid billing. Medicaid expansion has resulted in, and will likely continue to result in, an increase in the number of consumers having coverage for some services. Some services delivered to youth consumers are not billable to insurance or Medicaid.

Government Subsidies: FIAT service components outside of core Case Management/Community Psychiatric Supportive Treatment components may be eligible for reimbursement through our contract with the Mental Health and Recovery Board of Wayne and Holmes Counties and/or Wayne County Juvenile Court, but the demand for these services far outpaces the limits of these contracts.

Community Impact

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

ACP's Fitting It All Together (FIAT) program serves in- and at-risk youth, aged 12-18, living in Wayne County. These youth are typically diagnosed with ADHA/ADD, substance abuse, conduct disorders, adjustment disorders, etc.; their parents and relatives are often disengaged and/or frustrated; they typically struggle with appropriate behaviors and do not value their education. Youth are referred from family, school personnel, Juvenile Court and Probation and from other community behavioral health providers. To be eligible for *FIAT* programming, youth are identified as being in- or at-risk for out-of-home placements, further or new juvenile court involvement, substance use/abuse, and/or poor/unhealthy coping skills.

The *FIAT* caseload has grown in the last two years to nearly 100 youth with approximately 35% living in the greater Orrville Area. In past years, our request for funding has focused on funding specifically the Equine Therapy component of *FIAT*, but we seek to expand this funding to other subprograms/components with the same barriers to reimbursement that Equine Therapy presents. There is no discrimination for *FIAT* youth as to lack of experience with horses, social or emotional limitations, or educational level and youth voluntarily select which program components in which they participate. Orrville Area United Way funds will ensure that all youth have an equal opportunity to participate.

Youth involved in *FIAT* typically also receive counseling services at *ACP*, but this is not required. In fact, a number of participants receive counseling, psychiatric services and other social services through other providers and partners in the community. Youth generally stay in the *FIAT* program for a year or more and while they are often referred through Juvenile Court, this is not a requirement for participation. Poor protective factors, or a low prevalence of strengths, place youth at-risk for development of substance abuse, truancy, violence and a host of other behavioral issues. These youth respond favorably to prosocial, high-fidelity Wraparound programming like *FIAT*.

ACP youth programs utilize *Child Assessment of Needs and Strengths* (CANS) to identify treatment eligibility, modality, frequency and transition/discharge plans. Overall, our youth services seek to support individuals who suffer with behavioral health diagnoses manifesting as *Severe Emotional Disturbance* (SED),

Severe Mental Illness (SMI) and Substance Use Disorder (SUD). ACP takes pride in providing holistic, integrated behavioral health – embracing and actively addressing a recovery-oriented and trauma-informed approach to our consumers’ and the community’s needs. We seek to increase the functioning, stability and independence in the lives of consumers we serve.

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

The *FIAT* program is completely unique in the local area. Other Youth Services programs such as counseling and case management are available in other community behavioral health organizations and some related programming is available through social-educational outlets (i.e. YMCA or Boys and Girls Club), but no other program specifically focuses on these in- and at-risk youth with behavioral health diagnoses and in focusing specifically on the development of prosocial skills toward independence.

Impact Analysis

11. 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**

ACP's Youth Services Program is comprised of three components: youth case management, counseling and a high-fidelity wraparound service that also incorporates mentoring and prosocial development through intervention services, called *Fitting It All Together (FIAT)*. When we discuss our work to serve children, we describe it as focused on those both in-risk and at-risk as we have come to understand and react against the idea that too often youth are referred once there is a problem, rather than before significant problems arise. Consistent with a Recovery-Oriented System of Care, these services include both therapeutic strategies as well as intensive supportive interventions. While the expansion of Medicaid benefits has enabled many parents to seek treatment for their children, barriers still exist in the form of high deductibles, under-insurance. Most importantly, however, many of the most needed services for a fully developed recovery model are not billable to Medicaid or insurance. We seek funding from the Orrville Area United Way for these unbillable, prosocial development, services. With out-of-home placement costs for one child averaging \$13,500 per year and correctional costs ranging to \$40,000 per year, early intervention strategies, such as *FIAT*, are increasingly critical to the local system of care. *ACP* will continue with programming designed to develop and enhance protective factors and resiliency for at-risk and in-risk youth.

FIAT's prosocial programming emphasizes the Search Institute's 40 Developmental Assets when building activities and events. Youth are mentored and are taught anger and time management skills, constructive use of free time and healthy assertiveness skills. *FIAT* intends to maximize youth achievement, reduce behavioral problems and develop positive social behaviors, increase positive emotions, develop strength-based character, increase positive life choices and assist youth in believing that they have the ability to succeed in school, at home and in the community. This program provides integral intervention services to youth, who are most at-risk for out-of-home placement, substance use, truancy, self-destructive behavior and juvenile justice involvement. Our Youth Case Managers plan specific programming to address these goals utilizing subprograms, or components, within *FIAT*.

Such components/subprograms include: **Youth Experiencing Success** group (primarily focused on female youth aged 12 – 17 and teaches healthy coping, alternatives to substance use and stress management skills as

well as art therapy projects such as jewelry-making, scrapbooking and sculpture classes that build prosocial skills), the **In It to Win It** group (a sort of graduate component where career avenues are explored, independent living skills are practiced and service projects are completed – prosocial activities include cooking lessons, nutrition classes and reward-based goal-making that may include attendance at sporting events or art and music displays), **Hoops and Homework** (at the College of Wooster) and **Wellness at Wayne College** (tutoring, college exploration and athletic recreation provide opportunities to keep brains and bodies healthy and also provide tangible examples of not-much-older student exemplars achieving success); **After School Martial Arts** (focus on physical strength and mental dexterity, agility and flexibility and values of discipline, hard work and humility) and **Equine Therapy** (cognitive-based approach where horses are used as tools to assist in establishing emotional growth and learning, using non-destructive outlets for their stress/anger, trust-building and communication skill development).

- **Information about the tools you use to measure outcomes**

ACP expectation is that staff will utilize an Evidence-Based Practice approach in every clinical interaction. Fidelity to these approaches is assured by the Clinical Review Process – a multidisciplinary team approach to assure appropriate use of services, movement toward treatment goals and appropriate discharge completed monthly by clinical staff. In addition, our utilization of Same-Day Access, Trauma-Informed Care and the *ANSA/CANS* as a needs assessment and staging tool have been widely researched and found effective across the range of racial, ethnic and other groups that will be served.

Inherent in all of *ACP*'s programming is a holistic approach that necessitates a focus on housing, symptom, income/education and relationship stability as goals. Additionally, the use of the *CANS* (or *ANSA* for adults) as both a screening/assessment tool and a tool for outcome evaluation addresses social connectedness and prosocial development as an area that is addressed through our services. *ACP* takes seriously the opportunity to assist individuals in developing prosocial and supportive relationships and activities to achieve and maintain a recovery lifestyle. This is a significant focus of our entire Youth Services program and notably *FLAT*.

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

ACP supports a Plan-Do-Study-Act model of improvement that is able to evaluate how the agency is doing in conducting its business function, the effectiveness and efficiency of services delivered, barriers to accessibility of services based on input from all stakeholders, environmental scans and performance improvement indicators analyzed in relation to performance goals and objectives. The advantages of this approach for a small-to-mid-sized agency such as *ACP* seem obvious – changes can be made and corrected rapidly with a minimum of time and maximum input from consumers.

Additionally, *ACP* will continue with implementation of our new consumer driven outcomes through the *CANS* as an intake screening tool, treatment planning/goal development tool, reference for continued treatment and transition planning and, ultimately, as a core factor in discharge planning. Use of the *CANS* empowers consumers and service providers alike to recognize recovery outcomes in addition to symptom management goals.

We understand the role of the public behavioral health system as a safety net and the need to serve those whom demonstrate the greatest need (i.e. acuity, severity and duration of symptoms) in the community. We focus on helping consumers access treatment services and move toward recovery swiftly. We help individuals stabilize housing, entitlements, benefits and to identify appropriate services (in and outside the system) to address ongoing needs. This assures a focus on treatment the most at need when they are most at need. Finally, we help

to support individuals as they secure income, meet employment goals and move toward independence. To these ends, we focus on the following outcome goals in the coming year.

Access to Services, Case Management-First Intake and Warm Handoff

At least 65% of consumers will be retained in care between assessment and service appointments. (This is recommended by and benchmarked against the National Council of Behavioral Health – Access Redesign Initiative.)

Treatment and Recovery Services and Supports

At least 85% of consumers enrolled in services for more than 6 months will increase their *ANSA/CANS* score. (This is recommended and benchmarked against the National Council of Behavioral Health – Access Redesign Initiative.)

Recovery Maintenance

At least 70% of consumers enrolled in services for more than 6 months will obtain or maintain permanent housing in the community and/or achieve competitive employment in the community. [This is recommended by and benchmarked against the Corporation for Supportive Housing Dimensions of Quality (housing; 85%) and the Center for Evidence-Based Practices at Case Western Reserve University (employment; 58%).]

- **Specific information about the recorded outcomes you achieved last year**

Program outcomes for the current year are on pace including: 100% of youth admitted completed a pre-test Youth Asset Survey at intake, 94% of youth remained in school, work towards GED or be employed, 85% of youth demonstrated an increase in developmental assets, 88% of youth demonstrated an improvement on the Youth Asset Survey as a post-test, 95% of youth abstained from alcohol and other drugs, and 93% of youth did not become re-involved with the juvenile justice system.

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

FLAT outcomes have a long history of consistently being generally met or exceeded. This has been true for more than 7 years of Orrville Area United Way funding. At the midpoint of the year, all program outcomes proposed last year (changed this year, see above) are on pace. The agency-wide change to consumer-driven outcome measures based primarily on the *ANSA/CANS* will be fully implemented before the end of this calendar year.

Program Outputs

12. 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 is one hour of service rendered.

13. 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
2016 Actual	25	80	8
2017 Projected	27	90	10
2018 Projected	30	95	0

14. 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)
2016 Actual	2077	\$190,689	\$91.81
2017 Projected	2080	\$191,277	\$91.96
2018 Projected	2100	\$192,801	\$91.81

Reduction in Unit Cost is gained by focus on consumer-driven outcomes and the use of *CANS* for goal-setting and progress measurement/transition across the agency.

15. Individuals served

Last year (actual): 25

This year (projected): 27

Client Demographics

16.

	NUMBER
Types of Clients: Individuals	25
Information & Referral, Brochures	
Organizations	

PLEASE COMPLETE THE INFORMATION FOR INDIVIDUAL CLIENTS ONLY		
Age Group: Under 5		
6 thru 12		3
13 thru 17		22
18 thru 34		
35 thru 54		
55 thru 64		
65 thru 74		
75 thru 84		
85 and over		
Unknown		
TOTAL INDIVIDUALS:		25
Gender: Male		11
Female		14
Unknown		
TOTAL INDIVIDUALS:		25

	NUMBER		NUMBER
Household Income:		Ethnic/Racial Background:	
\$0 thru \$11,999	13	White	23
\$12,000 thru \$14,999	4	Black or African American	1
\$15,000 thru \$24,999	4	Hispanic or Latino	1
\$25,000 thru \$49,999	3	American Indian or Alaska Native	
\$50,000 thru \$74,999	1	Asian	
More than \$75,000		Native Hawaiian or Pacific Islander	
Unknown		Unknown	
TOTAL INDIVIDUALS:		TOTAL INDIVIDUALS:	
	25		25

*NOTE: All TOTALS should be the same number

Grants & Collaborations

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

Date: 9/7/17

Agency: Anazao Community Partners

Program: Fitting It All Together – Prosocial Services to Support In- and At-Risk Youth

Please respond in writing to the following questions:

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

Increased stress, strain and trauma in families and against youth would lead to increased out-of-home placements (including foster care and incarceration settings) and overall increases in expenditures across the child-serving systems of care in the community. Youth who experience greater volumes of trauma and/or do not have adequate resources to address their trauma have lower academic achievement, poorer independence outcomes (housing, employment) as adults and are more likely to traumatize their own children later in life. Cyclical trauma would increase.

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

The agency Leadership Team would review the funding available under the lens of providing the greatest level of access for the most vulnerable/in-need in the community. This may result in a narrower service array or decreased availability of the full service array being made available. Fewer youth would be able to participate in *FIAT* services. At-risk youth would likely be added to wait-lists while in-risk youth are served, so services would become reactionary versus supportive and proactive.

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

a. 25% decrease?

Likely, we would address this shortage through slightly lower access to the service array – having fewer *FIAT* components (i.e. Hoops and Homework or Equine Therapy) available and/or serving fewer consumers.

b. 50% decrease?

Likely, we would address this shortage through a decrease in total number of consumers served – and a prioritization based on need, acuity and severity. Those most at need and in-risk would likely be served, but those for whom we are seeking to prevent additional trauma or stabilize symptoms and family relationship before severe poor outcomes occur would not be served.

c. 75% decrease?

Likely, we would address this shortage through serving only court-referred youth and with only very limited prosocial components (i.e. Hoops and Homework or Equine Therapy). Case Management services would likely still be available, but only for the most severe situations leaving a large number of youth unserved in the community. Benefits that other partners and social services see in referred to *FIAT* (extended services, additional supports and increased monitoring) would be removed and likely result in poorer outcomes in those other programs/agencies (i.e. behavioral health providers, YMCA or Boys and Girls Club).

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

The Mental Health and Recovery Board of Wayne and Holmes Counties helps support a network of care including *ACP*, The Counseling Center of Wayne and Holmes Counties, Catholic Charities, NAMI Moca House and OneEighty. Counseling and case management services can be accessed through The Counseling Center and counseling services can be accessed through Catholic Charities. Organizations including the Salvation Army, Boys and Girls Club and YMCA provide prosocial interventions but are not so closely similar as the youth involved in *FIAT* are often multi-system-involved and present struggles in multiple life domains. These programs also lack the inherent link to therapeutic clinical interventions. There is no other program in the community that provides the same array of services to the same set of most-severe, at- and in-risk youth. The *FIAT* program is completely unique in the local area. Other Youth Services programs such as counseling and case management are available in other community behavioral health organizations and some related programming is available through social-educational outlets (i.e. YMCA or Boys and Girls Club), but no other program specifically focuses on these in- and at-risk youth with behavioral health diagnoses and in focusing specifically on the development of prosocial skills toward independence.

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

Youth may be involved in *FIAT* and receive counseling, psychiatric services and other social services through other providers and partners in the community. Youth generally stay in the *FIAT* program for a year or more and while they are often referred through Juvenile Court, this is not a requirement for participation. The Wayne County Children Services Board is a major referral source to *FIAT* as are The Counseling Center and Catholic Charities, as well as the Family and Children First Council Service Coordination and Diversion teams. When youth are involved in *FIAT* and receiving services at another organization, *ACP* Case Managers are in regular, at least monthly, communication with other providers about needs, risks and progress and care and service plans are integrated across the agencies. We collaborate with other providers across various functional workgroups in the community including the Reentry Coalition, Housing Coalition, the Opiate Task Force and the Trauma-Informed Care Collaborative, as well as partnering with other entities to provide integrated services in area

schools. We collaborate with The Counseling Center through a medical records sharing protocol, Clinisync and are frequently invited to other organization staff meetings to present about our programs or conversely invite other organizations to inform our staff about their programs. We take the last part of our name, Community Partners, as seriously as the first part, Anazao (to renew life).

6. What services/programs for which you are requesting support are complementary services in collaboration with other entities? The *FIAT* program components are all complementary services to other, insurance and Medicaid-billable behavioral health services. Those core behavioral health services are not dependent on *FIAT*, but *FIAT* serves to extend the reach and scope of these services – whether offered by *ACP* or another community behavioral health provider. The prosocial components for which funding is sought from the Orrville Area United Way are not necessary per se, but have been demonstrated as critical to youth being able to sustain treatment outcomes and learn independence.

**Orrville Area United Way
Supplemental Agency Questions**

Anazao Community Partners

09.07.2017

Agency Name

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?	<input checked="" type="checkbox"/>	<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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the agency have a board approved Fiscal Policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the auditor meet with the board and top administrator to discuss audit results?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the board conduct an annual evaluation of the top administrative officer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the evaluation results in written form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the agency have written by-laws to which they adhere?	<input checked="" type="checkbox"/>	<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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the agency goals/objectives/plans in written form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the agency by-laws/guidelines specify a length of term for board members?	<input checked="" type="checkbox"/>	<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?	<input checked="" type="checkbox"/>	<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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What percentage of your Board financially supports your agency?	100%		

Joel Chupp, President

Governing board representative (name, title)

Mark E. Woods, Executive Director

Administrative official (name, title)

**Orrville Area United Way
2018 AGENCY BUDGET FORM**

Four Year Analysis of Support and Revenue & Expenses

AGENCY: Anazao Community Partners

BUDGET FORM 1

Agency Budget Uses a Fiscal X or Calendar Year
 Dates of Fiscal Year 7-1-17 / 6-30-18

		2,016	Fiscal 2017	Fiscal 2018
		Actual	Projected	Proposed
		1	2	3
PUBLIC SUPPORT AND REVENUE				
1	United Way Funding - List Below			
	Orrville Area United Way Grant	8,500	10,500	15,000
	UW Wayne & Holmes Allocations			
	Allocated by Other United Ways (Outside Wayne County)			
2	Contributions			
3	Special Events/Fundraising Activities			
4	Legacies & Bequests			
5	Contributed by Associated Organizations			
6	Grants From Local, State, & Federal Grants	1,832,344	2,271,303	2,117,052
7	Grants from Foundations			
8	Membership Dues			
9	Program Service Fees & Net Incidental Revenue	158,027	112,534	90,545
10	Sales to Public			
11	Investment Income	4,603	17,432	14,000
12	Rental Income			
13	Miscellaneous Revenue (Explain in Narrative)			
14	TOTAL REVENUE ----- (1 thru 13) ----	2,003,474	2,411,769	2,236,697
EXPENSES				
15	Salaries	1,020,345	1,197,317	1,234,270
	Full Time Equivalent Salary Positions (use 1, .05, .25 etc)	27.15	31.70	32.50
16	Employee Benefits	173,574	228,490	239,915
17	Payroll Taxes, etc.	88,828	94,694	96,588
18	TOTAL PAYROLL EXPENSES ----- (15+16+17)	1,282,747	1,520,602	1,570,772
19	Professional Fees & Info Tech	186,828	191,859	151,925
20	Supplies	45,404	50,667	47,254
21	Telephone	31,680	22,764	28,000
22	Postage & Shipping	1,719	1,398	1,600
23	Occupancy	64,065	82,910	84,568
24	Rental & Maintenance of Equipment	5,234	7,514	8,749
25	Printing & Publications	4,685	2,378	2,425
26	Insurance	13,933	17,274	17,619
27	Travel	41,128	49,396	50,000
28	Conferences & Meetings	8,534	5,713	5,827
29	Education	2,316	1,753	600
30	Special Events			
31	Cash Spent For Special Assistance to Individuals WIA	215,212	244,607	217,604
32	National Membership Dues	10,936	3,842	9,600
33	Dues and Subscriptions	1,730	750	800
34	Awards & Recognition of Volunteers/Staff			
35	Advertising and Public Relations	829	1,257	1,500
36	Debt or Loans			7,336
37	Miscellaneous (Explain in Narrative) Program Expenses			
38	TOTAL EXPENSES ----- Sum of (18 through 37) ----	1,916,980	2,204,681	2,206,180
39	REVENUE OVER EXPENSES --- (14-38) ----	86,494	207,188	30,417
40	Depreciation of Building & Equipment	24,563	26,270	27,000
41	Major Property & Equipment Acquisition	63,268		



**Board of Directors
FY 2018**

<p>Joel Chupp (1st term: 6/30/2017) President (Personnel & Finance) 157 Park Ave. Wooster, OH 44691, Wayne County 330-466-4177 (cell), 330-264-3321 (home) ichupp@sssnet.com</p>	<p>Daryl Wagoner (partial term: 6/30/2019) Vice President (Program) 652 Meadow Ln Wooster, OH. 44691, Wayne County 330-321-4111 (cell) Daryl.wagoner@united.com</p>
<p>Rachel Green (1st term: 6/30/2018) Strategic Prog. Coordinator/Provider Recruitment (Program) Pomerene Hospital & HPHC 981 Wooster Rd Millersburg, OH 44654, Holmes County 330-204-9737 (cell) rgreen@pomerenehospital.org</p>	<p>Ashley Brillhart (1st term: 6/30/2017) Treasurer (Finance) 1320 Frank Dr. Wooster, OH 44691, Wayne County 330-231-4335 (cell), 330-263-5211 (work) abrillhart@woosteroh.com</p>
<p>Kourtney Yoder (1st term: 6/30/2018) (Program) 2658 Moser Rd Dalton, OH 44618-9267, Wayne County 330-749-9041 (cell) kourtney_yoder@wayneinsgroup.com</p>	<p>Jackie Smeltzer (1st term: 6/30/19) (Finance) 885 Lois Ave. Wooster, OH 44691, Wayne County jackiesmeltzer@yahoo.com</p>
<p>John Kinkopf (2st term: 6/30/2018) (Personnel & Program) 2000 Autumn Run Wooster, Ohio 44691, Wayne County 419-994-5555 (work), 419-651-3284 (cell) john@haudenschildagency.com</p>	<p>Andrew Van Horn (partial term: 6/30/19) (Finance) 6719 Township Road 451 Loudenville, OH 44842, Holmes County 419-651-8684 (cell) andrew.j.vanhorn@gmail.com</p>
<p>Tim Breiner (Ex Officio: 6/30/2018) Advisory (Program) 1478 West Milltown Road Wooster, Ohio 44691, Wayne County 330-749-1179 (cell), 330-345-1392 (home) timothybreiner@gmail.com</p>	

The Board of Directors does not currently include any individuals who are active recipients of services.

FY 17 Board Attendance

	7/16	8/16	9/16*	10/16	11/16	12/16	1/17	2/17	3/17	4/17	5/17	6/17
present	5	5		7	6	8	7	6	7	6	6	7
excused	3	3		1	2	0	1	2	0	2	2	1
unexcused	0	0		0	0	0	0	0	0	0	0	0

*No scheduled meeting due to Wayne County Fair week