

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@sssnet.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) <u>Orrville Office Operations – Outpatient Behavioral Health Services</u> | <i>New Request?</i> <u>No</u> |
| <i>Funded 2017</i> <u>\$5,000</u> <i>2018 Requested</i> <u>\$7,800</u> | |
| 2) <u>Fitting It All Together – Prosocial Services to Support In- and At-Risk Youth</u> | <i>New Request?</i> <u>No</u> |
| <i>Funded 2017</i> <u>\$3,500</u> <i>2018 Requested</i> <u>\$7,200</u> | |
| 3) _____ | <i>New Request?</i> _____ |
| <i>Funded 2017</i> \$ _____ <i>2018 Requested</i> \$ _____ | |
| 4) _____ | <i>New Request?</i> _____ |
| <i>Funded 2017</i> \$ _____ <i>2017 Requested</i> \$ _____ | |

\$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: Orrville Office Operations – Outpatient Behavioral Health Services

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>\$7,800</u>	+ <u>\$83,600</u>	= <u>\$91,400</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, office hours were curtailed to realign staffing patterns in an effort to continue to provide access to services while managing costs. Some Case Management services were repositioned with some consumers being redirected to services at other Anazao sites.

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 office hours and both youth and adult case management and outreach programs may be eliminated or reduced. 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: Based on 200% of the Federal Poverty Line, fees for services are determined by the gross monthly family income and dependents within the household.

Insurance Reimbursement: Services are billed to insurance for consumers having a third party payer. 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: Many consumers are eligible for funding for some services through our contract with the Mental Health and Recovery Board of Wayne and Holmes Counties. These rates are subject to change based on expected cuts to Medicaid rates in January 2018 related to Behavioral Health Redesign.

Community Impact

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

Anazao Community Partners' (ACP) core service programs for adults (Outpatient Mental Health, Community Psychiatric Supportive Treatment, Outpatient Substance Use and Case Management) serve individuals aged 18 and older. Additionally, Outpatient Mental Health, Substance Use and Community Psychiatric Supportive Treatment/Case Management services (components of Anazao's Youth Services program) are accessible to adolescents (aged 15 and older) at *Anazao Community Partners – Orrville* (ACP-O). Services for younger consumers are provided at *Anazao Community Partners – East* (ACP-E) in Wooster. Collectively, our core programs serve individuals who reside in Holmes and Wayne Counties, and are open to individuals of any race, ethnicity, cultural group and language. Interpreters are provided at no cost for individuals for whom English is not their primary language.

ACP programs utilize the *Adult Needs and Strengths Assessment* or the *Child Assessment of Needs and Strengths* (ANSA/CANS) to identify treatment eligibility, modality, frequency and transition/discharge plans. Incorporated into our core outpatient services are a number of specialty focused interventions including a 9-week substance abuse education, cessation and relapse prevention group, a 5-week group focused on addressing impulsive behaviors, Drug Screening and Problem Gambling screening and intervention.

Overall, our services seek to support individuals who suffer with behavioral health diagnoses manifesting as *Severe Emotional Disturbance* (SED), *Severe Mental Illness* (SMI), *Severe and Persistent Mental Illness* (SPMI), *Substance Use Disorder* (SUD) and *Severe Substance Use Disorder* (SSUD). 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.

Approximately 1 of every 4 Wayne County residents is struggling with behavioral health concerns and for more than 40 years, *ACP* has provided family, group and individual services to help find solutions for our consumers, their families and the community. For nearly 15 years, *ACP* has specifically outreached to and worked to meet the specific needs of those in the greater Orrville Area through the operation of *ACP-O* in downtown Orrville. Demand for high quality behavioral health services continues to exceed available funding and satellite offices such as *ACP-O* help to assure access to services for those across the county. We have been able, through sound fiscal practices and with the support of the Orrville Area United Way, to sustain operation of *ACP-O* with only minimal reduction in hours. In this proposal we seek increased funding in order to maintain *ACP-O* satellite office and further support those in need in the area by expanding services to include additional intake, outreach and case management services.

Approximately 16% of *ACP*'s client population of over 1400 consumers and 900 new admissions are residents of the greater Orrville Area (including Dalton, Marshallville and Orrville). Over 56% of our consumers are male, most are between the ages of 21 and 54 years, 93% are Caucasian and 45% have income of less than \$5000 annually. Only 15% of our consumers have completed high school. We are a safety net for these individuals, and for the community. Diagnostically, consumers of *ACP* services are struggling with issues related to alcohol dependency (23%), anxiety and depression (26%), antisocial behaviors (6%) or other substance use disorders (i.e. opiates, cannabis, cocaine; 20%). Consumers at the Orrville location specifically report transportation as a barrier to service – a barrier that is significantly reduced by our location in downtown Orrville. Last year, over 1400 units of service were provided at the *ACP-O* office.

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

ACP is unique in being a dually-certified agency providing services in Orrville specifically. This means that we have been accredited by the Commission for the Accreditation of Rehabilitation Facilities and deemed by the Ohio Department of Mental Health and Addiction Services as capable and competent to meet the range of behavioral health needs that our consumers may present (not only Mental Health or Addiction concerns, but both and often simultaneously). This is a critical component to the local behavioral health system who is also comprised of other agencies specifically targeting more severe and chronic, but specialized Mental Health or Addiction concerns.

While we have curtailed hours at *ACP-O* slightly over the last two years, we continue to provide over 40 hours of access to consumers including multiple evenings a week – supporting the large number of consumers whom work or attend school during the day. Within these hours, we continue to have available access to same-day appointments – an incredibly high level of access, and one that we are committed to maintaining across all of our sites.

Perhaps the most unique aspect of *ACP*'s approach to service delivery is our intake, warm-handoff and no-wrong-door approach. This mechanism means that individuals who should be navigated to another provider in the system of care (due to service need, capacity, urgency, severity, etc.) or referred to a social service outside of the local behavioral health system will not endure the potential trauma inherent in completing a Diagnostic Assessment, or initiate services, only to then have to stop and restart with another provider. Instead, we focus on collaboration. These are nationally-recognized approaches to coordinated, integrated and effective behavioral healthcare and we implement them as a regular component of our services. Consumers of *ACP* services experience a case manager-first approach so that immediate needs can be immediately addressed. This provides stability and hope to individuals who often lack both. This also provides support to consumers when they are at their most vulnerable. In turn, we serve as something of a navigator for the entire system of care such that progress is being made on consumers' behalves even if they can be better cared-for in another setting – we are coordinating those linkages while “walking” alongside the consumer.

In seeking additional funding from the United Way this year, we seek to expand our intake, outreach and case management services with on-site providers who can help create swift engagement (responding immediately when consumers are ready to engage in care), eliminate treatment barriers and facilitate warm-handoffs to treatment providers, other social services, medical providers and the continuum of supports within the community. We know from experience that consumers who have access to the full range of services demonstrate the best clinical outcomes, and often do so more quickly than others.

By helping to increase case management services at the *ACP-O* site this year, funds from the Orrville Area United Way will allow for greater impact on client hygiene, nutrition, productivity, relationships and overall symptom management – and overall increases in both functioning and stability. This approach helps connect individuals to the right service at the right time – speeding recovery gains and assuring the most direct approach to needed treatment.

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**

Services at our satellite office in Orrville, *ACP-O*, includes individual assessment, outpatient counseling and case management services focused on mental health, substance use or combined concerns for individuals as young as 15 and through adulthood. Group substance abuse counseling/relapse prevention services are also provided. Additionally, the Orrville office serves as a meeting place and resource center for our in- and at-risk youth wraparound program, *FIAT*. *ACP-O* is staffed by an administrative support staff and independently-licensed clinician for at least 40 hours a week and other times by appointment. This includes multiple evenings a week. With additional funding from the Orrville Area United Way, we will add at least 10 hours a week of case management coverage based out of the *ACP-O* office and specifically serving individuals in the greater Orrville Area.

Funding will continue to allow access to these partnerships that clearly benefit the Orrville area resident. Funds will be used for occupancy, supply and logistical costs and not for staff salaries or benefits.

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

ACP embraces a number of *Evidence-Based Practices* (EBPs) and expects providers to make use of appropriate *EBPs* with different consumers, phases of treatment and sets of needs. Such practices include, but are not limited to, Solution-focused Brief Therapy, Cognitive Behavioral Therapy, Trauma-Focused Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing Therapy, Dialectical Behavior Therapy and Motivational Interviewing. *ACP* expectation is that staff will utilize an *EBP* 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.

- **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 *ANSA/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 *ANSA/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**

All process outcomes proposed last year (changed this year, see above) are on pace: Utilization Review 91/90%; Peer Review 82/80%; Mean Admission Interval 1/7; Consumer Satisfaction 4.5/4.

Additionally, all program outcomes proposed last year (changed this year, see above) are on pace: Decreased/Stable Level of Care 40/40%; Positive Discharge 41/40%; Employed Discharge 42/40%; Housed Discharge 63/60%; Length of Stay 5.8/3.

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

At the midpoint of the year, all process and 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 (1) unduplicated client.

- 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	236	1120	0
2017 Projected	250	1200	0
2018 Projected	265	1300	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	236	\$62,540	\$265.00
2017 Projected	250	\$66,250	\$265.00
2018 Projected	265	\$70,225	\$265.00

Total program cost increases due to increased staffing costs, but increased staffing allows for wider service array which keeps unit cost stable.

- 15. Individuals served**

Last year (actual): 236

This year (projected): 250

Client Demographics

16.

	NUMBER
Types of Clients: Individuals	236
Information & Referral, Brochures	
Organizations	

PLEASE COMPLETE THE INFORMATION FOR INDIVIDUAL CLIENTS ONLY		
Age Group: Under 5		0
6 thru 12		8
13 thru 17		32
18 thru 34		113
35 thru 54		61
55 thru 64		14
65 thru 74		8
75 thru 84		
85 and over		
Unknown		
TOTAL INDIVIDUALS:		236
Gender: Male		125
Female		111
Unknown		
TOTAL INDIVIDUALS:		236

	NUMBER		NUMBER
Household Income:		Ethnic/Racial Background:	
\$0 thru \$11,999	110	White	210
\$12,000 thru \$14,999	33	Black or African American	11
\$15,000 thru \$24,999	52	Hispanic or Latino	8
\$25,000 thru \$49,999	35	American Indian or Alaska Native	1
\$50,000 thru \$74,999	6	Asian	2
More than \$75,000	0	Native Hawaiian or Pacific Islander	0
Unknown		Unknown	4
TOTAL INDIVIDUALS:		TOTAL INDIVIDUALS:	
	236		236

*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: Orrville Office Operations – Outpatient Behavioral Health Services

Please respond in writing to the following questions:

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

Access to care across the system of care would suffer, as would consumer choice. Wait-times for needed behavioral health interventions would increase and consumers would face increasing barriers (notably transportation) to engage in behavioral health treatment services.

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 referral-out of some, higher-functioning, consumers to other avenues of care (i.e. primary care physicians) or may result in a narrower service array or decreased availability of the full service array being made available. Access to case management services would likely be decreased.

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 case management services only available on limited days or to those consumers most in-need – not a true access and engagement model of care.

b. 50% decrease?

Likely, we would address this shortage through a decrease in total hours of operation of our Orrville office, perhaps by 8 – 10 hours a week. This will mean increased wait-times and transportation barriers to consumers in the greater Orrville Area across the system of care, not just at *ACP*.

c. 75% decrease?

Likely, we would address this shortage through a reversal of the service array available in our Orrville office with case managers being limitedly deployed to Orrville to assist in removing barriers to accessing care in Wooster or other sites. This would result in significantly lower utilization

of services, increased barriers to service and overall poorer clinical outcomes for a large number of consumers.

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 OneEighty and counseling services can be accessed through Catholic Charities. Inherent in the question, though, should be an understanding of the importance of consumer choice – finding a program and process that works best for them – and also that as a system of care the agencies have worked diligently to minimize service duplication such that similar services, but not likely the same services, are available elsewhere in the community.

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

ACP's unique case manager-first intake process focuses on the concepts of no-wrong-door and warm-handoff. This means that individuals who arrive at our facility are oriented and care is initiated but we strive to identify the best place for treatment for them, even if it is another behavioral health provider, and work to link the individual to other services while staying involved as a safety net. This assures that the intake process is navigated seamlessly and doesn't re-traumatize the consumer. 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 operation of *ACP-Orrville* is not directly collaborative, but as discussed above, benefits the entire system of behavioral healthcare in the community. Demand for the services offered at *ACP-O* outpace what any one agency or organization can provide. Moreover, consumers of behavioral healthcare just as consumers of physical healthcare and other basic needs, demand and deserve individual choice. Thusly, the services at *ACP-O* assure that someone who has barriers to seeking care at another facility or in another city/town/village has options.

**Orrville Area United Way
Supplemental Agency Questions**

Anazao Community Partners

Agency Name

09.07.2017

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

		2016	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	2,236,597
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	1,520,502	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	2,204,581	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) <i>President</i> (Personnel & Finance) 157 Park Ave. Wooster, OH 44691, Wayne County 330-466-4177 (cell), 330-264-3321 (home) jchupp@sssnet.com</p>	<p>Daryl Wagoner (partial term: 6/30/2019) <i>Vice President</i> (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) <i>Treasurer</i> (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 (2nd 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.i.vanhorn@gmail.com</p>
<p>Tim Breiner (Ex Officio: 6/30/2018) <i>Advisory</i> (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