Center for Human Services

Building a stronger community…one family at a time.

2014

Executive Summary

Prepared by

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Center For Human Services

Center for Human Services
Annual Executive Summary
2014

Background

Center for Human Services (CHS), a community-based, non-profit organization exists to meet the needs of residents of North King and South Snohomish Counties in the areas of outpatient mental health and substance abuse and family support.

Agency Overview

Mission

To strengthen the community through counseling, education, and support to children, youth, adults, and families.

Belief Statements

CHS believes that the most critical element for strengthening a community is to strengthen its members and their families through preventive and responsive programs that are culturally sensitive. This is accomplished by taking an approach that is strengths-based, family focused, client-centered and integrated.

Our Values

- Embrace Diversity
- Provide Accessibility
- Champion Collaboration
- Demand Accountability
- Personify Integrity
- Have Fun

Our Philosophy

It is our philosophy that all people have gifts and strengths and our role as a human service provider is to create opportunities for them to use these talents and skills to strengthen themselves and their community. Our premise is that change will occur only when we firmly believe in our clients/participants and when we collaborate with them to positively use their aspirations, perceptions, and strengths. We believe that anyone who seeks our services at CHS deserves the best quality services possible. Our approach is family-focused and holistic in that we try to understand the whole person or whole family rather than a dissection of parts. No one approach works for all people or in all situations, so various techniques are applied. However, general themes of emotional/physical safety, respect, and cultural sensitivity are consistent. Intra-agency referrals are made when we see that a combination of our program services will best serve the client's/participant's needs; when services are needed which CHS cannot provide, referrals outside the agency are made. Staff have a commitment to provide effective services, thus engage in an on-going process of evaluation, education and self-care. CHS is striving to be a leader in the human services community by providing preventive and responsive services and using our identified Strategic Approaches.

Strategic Approaches

Strengths-based

Providing services from a strengths-based perspective is based on the belief that every individual has strengths and that the role of a human service provider is to create opportunities for individuals to use these talents and skills to strengthen themselves, their families and their community. When working with a child or an adult, CHS acknowledges and responds to their needs, while also identifying their strengths and capacity for growth. This approach empowers participants to draw upon their own strengths in order to move toward creating change within themselves.

Client Centered

We strive to provide services that are congruent and responsive to our clients' strengths and needs. When clients receive services that are tailored to their individualized needs, they are more likely to achieve positive outcomes. This process promotes client choice, voice, and resilience.

Family-focused

The CHS approach is family-focused and holistic in that staff and volunteers try to understand the whole person or whole family rather than a dissection of parts. CHS defines family in the broadest sense of the word and staff are dedicated to supporting all families. Genuinely understanding each family's uniqueness, CHS recognizes grandparents, friends, extended family and other individuals together, as playing a significant role in the family design.

Integrated

Recognizing that no single approach works for everyone or in all situations, CHS programs include a variety of services and techniques. These include prevention-based and other services that respond to the immediate needs of the community. Intra-agency referrals are made between programs when a combination of services would best serve individual needs. External referrals are made when additional services are needed outside the agency's scope. Our most recent and current efforts toward integration are with other (physical) health care entities.

Culturally Responsive

CHS understands, respects, and honors cultural differences. We bring people together in community while celebrating everyone as unique individuals. CHS maintains an atmosphere of openness and appreciation of cultural differences, while continuing to assess our agency's own culture. CHS promotes ongoing development and knowledge of various cultures and relevant resources, and affirms and strengthens the cultural identity of individuals and families, while enhancing each client's/participant's individual abilities to thrive in a multi-cultural society.

Strengths

- Center for Human Services has a forward thinking vision and is ahead of the curve on most integration efforts.
- Center for Human Services has a highly skilled, well trained staff.
- Center for Human Services has a positive image in the community for providing services that enhance the therapeutic process.
- Center for Human Services staff is committed, experienced and pro-active.
- Center for Human Services provides quality care accessible to those in need of mental health and substance abuse treatment services.
- Center for Human Services is dedicated to developing and maintaining partnerships with other community agencies.
- Center for Human Services provides services in the community as well as in the office.
- Center for Human Services maintains strong partnerships with the various school districts of our region. We provide school-based services in four different school districts.
- Center for Human Services uses supportive data to make wise (management and service) decisions.

Challenges and Opportunities

- Maintaining CARF accreditation and State Certifications.
- Complex reporting requirements.
- Recruitment and retention of qualified staff.
- Management of information, including IT needs.
- Increasing cost of doing business.
- Increased local competition for resources and funding (Local, State, Federal).

- Integration of mental health and substance abuse treatment on a state/county level by April 2016.
- Integration of behavioral health with primary care (physical) health in 2020.
- Inadequate infrastructure to keep up with complex changes in billing and reporting.

Service Locations

Center for Human Services provides services at various office locations as well as at other locations in the community. Center for Human Services provides services at three locations which we own:

- CHS – Shoreline | 170th
  17018 15th Ave NE Shoreline, WA 98155
- CHS – Shoreline | 148th
  14803 15th Ave NE Shoreline, WA 98155
- CHS – Northshore | 103rd
  18414 103rd Ave NE Bothell, WA 98011

We rent office space to operate the following site:

- CHS – Mountlake Terrace | 220th
  21907 64th Ave N, Suite 240 Mountlake Terrace, WA 98043

We also rent office space at the following locations:

- Kenmore Elementary School 19121 71st Ave NE Kenmore, WA 98028
- Bothell United Methodist Church 18515 92nd Ave NE Bothell, WA 98011

We collaborate with Northshore School District, within their administrative building, and Scriber Lake High School, within the school building, to provide youth substance abuse prevention, intervention, and treatment services at these sites:

- CHS – Northshore | 23rd
  22105 23rd Dr SE Bothell, WA 98021
- CHS – Scriber
  23200 100th Ave W Edmonds, WA 98020

CHS also provides services on a regular basis at schools in the Shoreline, Northshore, Edmonds, and Mukilteo School Districts; Third Place Commons; and two King County Housing Authority communities (Ballinger Homes in Shoreline and Greenleaf Community in Kenmore). Additionally, clients often receive services at other community locations of their choosing or in their homes.

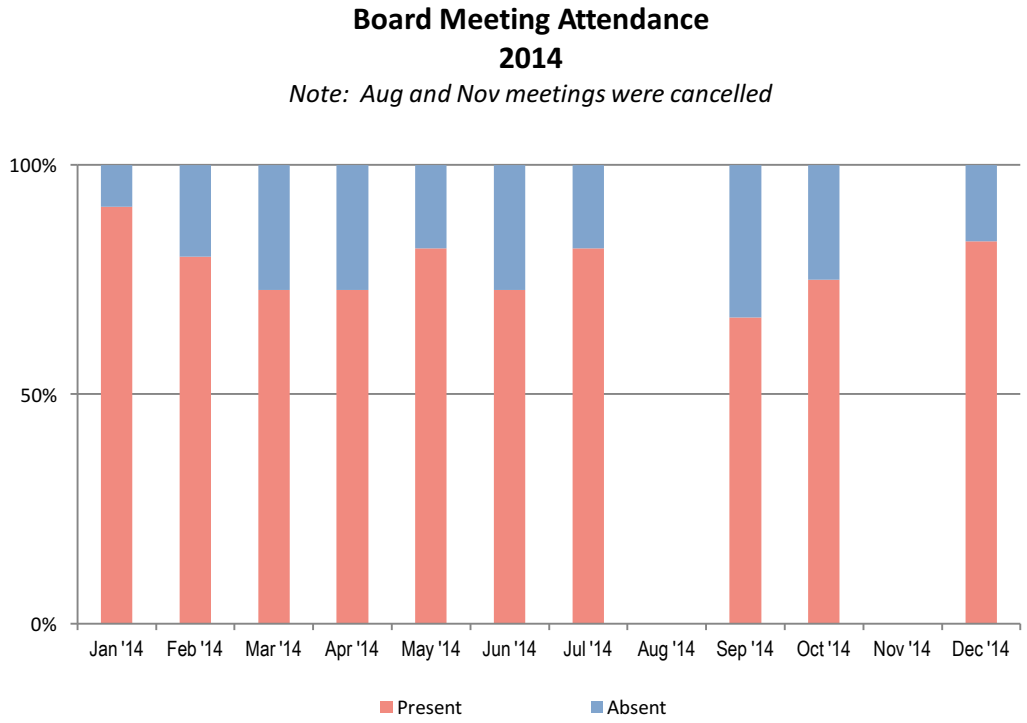
Board of Directors

Summary

At the end of 2014, CHS had 10 board members (21 is maximum size of board). Board Officers were Colleen Blake, President; Karen Fernandez, Vice-President; Rick Henshaw, Secretary; and Nick Anderson, Treasurer.

2 new board members were elected during 2014.
5 board members resigned or ended their terms.

Board Attendance:



The 2014 Grace Cole Award for Volunteer of the Year will be awarded at the 2015 dinner gala and auction in April. The 2013 recipient was Nick Anderson.

The Board of Directors presented the 2014 Dorrit Pealy Awards for Outstanding Community Support to the Edmonds School District (business/organization) and to Hannah Bachelder and Kim Karmil (individual).

Strategic Planning

2014 Strategic Planning efforts focused on Strategy 2: "Expand collaborative partnerships through community engagement", and on Strategy 3: "Increase capacity to support current needs and sustainable growth".

Specifically, Strategy 2, Goal 1: "Seek further opportunities to partner with entities such as school districts, community based organizations, healthcare providers, and funders"; Objectives 2 and 3: "Provide services at community health and wellness centers" and "Participate in Health Care Homes' networks and develop a referral system." We hired a Behavioral Health Integration Manager whose role is to pilot an integration project with a community health center and to forge new relationships with primary (physical) care providers in preparation for integration in 2020.

Strategy 3, Goal 1: "Position CHS to participate in the implementation of the Affordable Care Act and Health Care Reform"; Objective 1: "Transition to an Electronic Health Record that is suitable for ACA expectations"; and Objective 2: "Actively participate in community efforts related to ACA implementation to ensure CHS' successful engagement in opportunities". And Goal 2: "Continue to improve infrastructure, develop new programs, and serve more clients"; Objective 2: "Adapt billing systems and procedures to work with new funders". In regard to Goal 1, we went live with our new electronic health record (Credible) in October. The entire year was spent designing the EHR, building forms in the system, creating a billing structure, and training staff. Much work remains on this. With Goal 2, we focused on identifying what is lacking in our infrastructure that is prohibiting us from performing at peak capacity with optimal returns. As many of these infrastructure issues will be addressed in 2015 as possible.

In addition to our Strategic Plan goals and objectives and the priorities that were established through our other functional plans (such as the Accessibility Plan), we set these goals for 2014:

- Assure that everything is in place for billing; complete analysis with consultants from Boeing and refine processes – *accomplished goals for Year One; continuing for Year Two*
- Manage increased oversight and audits - *accomplished*
- Manage a sophisticated electronic health record system – *New EHR in place; continuing this goal*
- Move research findings into service - *continuing to train staff on EBPs (evidence-based practice)*
- Keep up to date with compliance (on various levels) – *all audits showed excellent compliance*
- Manage funds so staff can receive a raise - *accomplished*

- Recruit and retain at least 4 new board members – *not accomplished*
- Capitalize on mental health Medicaid funding in Snohomish County – *partially accomplished*
- Alleviate safety concerns regarding electrical problems at 170th location – *accomplished*

We have set our working goals in 2015 as follows:

- Improve infrastructure to support changes in behavioral health (IT, billing, reporting, data management, etc.)
- Improve staff retention
- Refine billing and QA functions
- Develop a consistent training program for all staff in similar positions
- Manage a sophisticated electronic health record system
- Work toward integration in behavioral health, and with primary healthcare providers
- Improve staff retention
- Address accessibility issues that have been identified
- Recruit and retain up to 5 new board members

TREND ASSESSMENTS

Continuous Quality Improvement (CQI)

Accessibility Plan

Input regarding accessibility was sought and received from clients, staff, and other stakeholders. Mechanisms used included focus groups, interviews, incident reports, surveys, complaints/grievances, and tribal knowledge. The Accessibility Plan was reviewed by the CQI team. The following conditions and activities, indicating progress made in the removal of barriers and areas needing improvement, were identified upon review:

Access Issue – Physical and Architectural
There were no changes to physical/architectural accessibility concerns at any site. Parking remains a challenge at the 148th Street location. The Mountlake Terrace location is crowded in the afternoons.

Access Issue – Environment
CHS strives to provide productive environments that meet the needs of the individuals we serve, our employees and other stakeholders. Individuals who have concerns and or suggestions regarding environmental barriers are encouraged to contact CHS management. There was one request by staff for reasonable accommodations in 2014 and it was granted. Identified barriers related to environmental factors in CHS facilities related to issues with electrical concerns, heating and air conditioning, and noise. The electrical and heating and air conditioning issues are at the 170th site. We have dealt with continual problems related to offices not being cooled or heated adequately by making recommended fixes and having regular and on-call maintenance of our HVAC units. One unit (# 4) will be need to be replaced soon, but the other units have several more years of life in them. Due to the age of the building, without major and expensive renovations, we anticipate that problems will periodically continue. More importantly, electrical problems have emerged at the 170th site that appear to be critical. For safety reasons, taking care of the electrical problems was a 2014 priority and was accomplished. The barrier related to noise is present in all of our facilities in that conversations can be heard from outside of some offices. The best way to correct this problem is by installing sound proofing and hanging thicker solid doors. Due to the cost of this type of renovation and the disruption of services while such renovations are made, we do not plan to correct this situation to this level. Instead, we have purchased and are using sound machines in vulnerable areas. The carpet at the CHS Northshore location is bulking and dangerous. Electrical issues have been identified at CHS Northshore regarding some of the light fixtures in the basement. 2015 priorities will include having this carpet replaced and the electrical issues repaired.

Access Issue – Attitudinal

CHS recognizes that attitude remains a barrier for some people who are seeking treatment as well as retaining these individuals in services. Our self-assessment is that CHS typically does not present attitudinal barriers but the category needs to be continually addressed. The following steps were taken in 2014 to improve accessibility that could be inhibited by attitude.

- Staff participated in cultural competency and sensitivity trainings and learning opportunities.
- CHS allows groups that traditionally have accessibility issues to hold support meetings at our locations. These include battered women and transgender individuals.
- CHS is a co-sponsor of the Saying it Out Loud Conference about LGBTQ issues.
- One staff member conducts Mental Health First Aid courses which educate people about behavioral health issues and debunks many myths.

Additionally, CHS staff are trained and encouraged to advocate for our clients and promote dignity and respect for everyone.

Access Issue - Financial

Poverty and financial inequity remain barriers to accessibility. Clients/community members frequently feel financially unable to seek and receive services. Although very poor families can obtain most of our services at no cost to them, other costs such as transportation and childcare continue to present barriers. As a result CHS provided many more home-based services in 2014 than in previous years and will continue to do so in upcoming years.

Staff are very committed to helping clients receive the benefits and funding assistance for which they are eligible. We were funded for In-Person Assistors who assisted clients and other community members in applying for third party assistance (i.e. Medicaid, Insurance through the Exchange).

Staff do not always have access to the funds needed to promote recovery with their clients or to make their jobs easier. When contracts allow it, we use flex funds when the need is directly related to a client. We try to provide staff with the tools and equipment needed to do their jobs. However, we rely heavily on second-hand and donated supplies and furniture. Acquiring the proper tools to do the job is a 2015 goal.

Access Issue - Employment

CHS supports persons served in meeting their employment goals. CHS staff assists clients individually and in groups to identify their employment goals, improve their employability, and improve their work skills. We also provide computers with Internet access in our Family Centers that can be used by clients and other stakeholders to research and apply for jobs. Our adult substance abuse groups are held in the evenings so clients can maintain day jobs. As an employer, CHS complies with all applicable provisions of the ADA. It is our policy not to discriminate against any qualified employee with regard to employment because of a person's disability so long as they can perform the essential functions of the job. CHS is committed to providing reasonable accommodation to a qualified individual with a disability. Employees with a disability who believe they need an accommodation are encouraged to request accommodation(s) by contacting their supervisor or the Executive Director. Refer to the "Environment" category above regarding accommodations.

The Accessibility Review revealed no deficiencies in this category.

Access Issue – Communication
No deficiencies were noted at time of review at any location. However, it should be noted that our need for staff cell phones and cell phone plans because of our work outside of offices has increased communication costs significantly.

Access Issue - Transportation
Transportation issues were discussed when analyzing accessibility issues. CHS has only one van and cannot afford the costs of upkeep for a second van (even though we could get a used van donated by the county). We have no plans to obtain another vehicle in the near future. All of CHS locations are located conveniently to bus stops, making transportation to and from CHS accessible to clients, staff, and other stakeholders. CHS staff have also participated in community groups that advocate for improved transportation in the North end of King County.

Access Issue - Community Integration
No deficiencies were found in this review.

Access Issue - Other Barriers (as identified by persons served, personnel, or other stakeholders)
Several policies, procedures, and protocols were updated to improve upon the existing practices, to better reflect existing practices, and to incorporate new practices. New Policies and Procedures were completed to comply with updated WACs.

Risk Management

Center for Human Services has insurance coverage that adequately protects all the agency's assets including coverage for professional liability, Directors and Officers, buildings, equipment and inventory, worker's compensation and our vehicle. Center for Human Services maintains coverage against claims from persons served, personnel, visitors, volunteers and other associates.

When, upon investigation, issues of risk to persons served, personnel, visitors and the organization are found to exist, CHS acts as quickly as possible to take corrective actions and make changes so the identified risk is minimized (or removed) and the potential for loss is decreased. Corrective actions are reviewed to ensure that the actions are or will be effective.

All staff adhere to the confidentiality rules outlined in 42 CFR, part 2 and 45 CFR (HIPAA).

All risks continue to be assessed and updated on a regular basis. In all instances, CHS has done everything within reason to ensure that all risks to the agency are minimized.
The Continuous Quality Improvement (CQI) Team reviewed and changed the format of our Risk Management Plan. The Planning Chart identifies and tracks our loss exposure or risks. We identified the following risks:

- Fiscal
  - Loss of funding
  - Costs exceed revenue

- Human Resources
  - Loss of key personnel
  - Increase in training requirements
  - High staff turnover
- Service Delivery
  - Improper service documentation
  - Poor outcomes or outputs
- Health & Safety
  - Serious on-site accident
  - Traffic accident
  - Fire accident
  - Disaster
- Legal
  - Sexual harassment charge
  - HIPAA or 42 CFR violation
  - Malpractice lawsuit
  - Employment practice lawsuit

In each of these categories we analyzed the loss exposure (likelihood of occurrence and seriousness of risk), identified how to rectify identified exposures, implemented actions to reduce risks, and reported results of these actions.

CHS sought and received input from clients, staff, and other stakeholders regarding perceived risks. This input was used when updating the Risk Management Plan.

Cultural Competency & Diversity

Our Cultural Competency Plan was reviewed by Leadership Team and the CQI committee with a few changes made. Input was received from staff, clients, and other stakeholders regarding their perceptions of the agency's cultural competency.

The following 2014 achievements related to our Cultural Competency and Diversity Plan are listed below:

- CHS held trainings on Cultural Competency topics.
- Staff were encouraged to attend outside trainings on Cultural Competency/Diversity and given time off to do so.
- All job descriptions had elements regarding our expectations regarding cultural sensitivity.
- CHS used certified interpreters during sessions as needed.
- CHS maintained its relationships with agencies that provide cultural-specific services (i.e., Consejo, Asian & Pacific Islanders Counseling, Seattle Counseling for Sexual Minorities, etc.) and referred to these agencies when appropriate.
- Family Counseling staff received special population consultation when working with clients from different cultures.

- We offered services in languages other than English (Parent-Child Groups in Spanish; Individual Sessions in Spanish and Arabic; IPA services in Spanish; Information & Referral services in Spanish; Family Support services in Spanish).

At the end of 2014, the diversity of our staff included:

1. Age - 10 are over the age of 60; 12 are between 50-60 years old; 20 are between 40-50 years old; 30 are between 30-40 years old; 15 are under 30 years old.
2. Gender – 11 males; 74 females; 2 transgender.
3. Sexual Orientation – Over 8% of our staff identify as LGBT.
4. Languages – In addition to English, the following languages are spoken by our staff: Spanish, Arabic, Japanese, Cantonese, Mandarin, Vietnamese, Tagolog, French, and Somali. 20 of our staff are bi-lingual with several of them speaking up to four languages.
5. 10.3% of our staff identify as Hispanic or Latino.

See information under “Persons Served” that reflects some of the diversity of our clients and participants.

Critical Incidents

The Corporate Compliance Committee reviewed all the Critical Incidents from 2014. There were 134 total critical incidents reported. This is an increase of 16 from 2013. 66 incidents were reported by the Family Counseling Department; 61 by the Substance Abuse Department; 11 were reported by the Family Support Department (5 from the Family Centers and 6 from Head Start); and 2 were reported from Administration.

The trends remained similar to previous years. 73 of the incidents were reports to CPS which is significantly higher than the previous years which was 43 (Physical Abuse of Child – 21; Neglect of Child – 4; Both Physical Abuse & Neglect of Child – 1; Sexual Abuse of Child – 12**;** Drug Use While Pregnant -2; Physical Abuse & Sexual Abuse -2; Adult AOD Use Involving a Child – 7; Emotional Abuse of Child – 2; and Other – 7). There were 34 reports due to a youth being suicidal and 3 because youth were homicidal. There were also 3 medical emergencies and 6 non-emergent injuries; 3 incidents of property damage; 3 incidents of agitated or erratic behavior by client; 3 behavioral incidents in Head Start; 1 death of a client due to overdose; and 12 others. Some incidents involved more than one category.

One Extraordinary Occurrence was filed because of the death of a client. External reports were made to the appropriate places. All other external reporting was made as appropriate and required by law (i.e., CPS reports).

All departments are reporting critical incidents appropriately and in a timely manner. There were no areas for improvement noted by the Corporate Compliance Committee upon review.

Persons Served

Demographics

- A total of 1,159 persons received clinical services; 572 persons received mental health services and 587 persons received substance abuse treatment services.
- 66 families with an infant less than 6 years old received mental health services.
- Approximately 720 persons received ATOD prevention/intervention services.
- 1,387 people participated in family support programs or classes.
  - 100 families in Head Start
  - 17 families in Healthy Start
  - 362 families with In-Person Assistors
  - 109 youth in Out-of-School-Time programs
  - 828 parents and children in parent/child activities
  - 312 families in Northwest Special Families
- Of those served, 1,742 identified as female and 1,383 identified as male.
- Of those served, 41% were Caucasian, 23% were Latino, and 23% were of other races or nationalities (16% were unknown).
- Of those served, the designated client was 18 or younger in 1,168 situations and 1,933 were 18 or older (185 were unknown).
- Thousands of people who are not counted in the numbers above received outreach, information and referral services, and other services where participants are not always counted.

Service Hours

TYPE OF SERVICE	NUMBER OF HOURS
Mental Health	
Adult	2,477
Youth	4,608
IECMH	1,067
ARNP Services	30
Substance Abuse	
Clinical Assessment	762
Individual Therapy	2,679
Group Therapy	14,613
Family Therapy	181
Case Management	2,007
Prevention Services	6,363
Wraparound	4,176
Family Support	
Adult Education	125
Out of School Time	11,905
Play & Learn	15,088
Child Care	1,509
Head Start	28,560
Northwest Special Families	2,095
Special Events	96
TOTAL SERVICE HOURS	**98,281**

Outcomes

1) 91% of youth/children strengthened their skills/assets that support positive social development.

2) 86% of the students in our out-of-school time programs developed/strengthened their skills and/or habits that support academic success.

3) 60% of our clients with chemical dependency and/or mental illness maintained optimum health (achieved sobriety and/or reduced symptoms).

Client Formal Complaints/Grievances

There were no formal complaints filed in 2014.

Stakeholder Input

Stakeholder input is crucial to our planning, program development, outcome evaluation, and overall sustainability. Stakeholders are clients/participants, family members, employees, funders, community members, etc. In addition to a procedure being in place for client and/or employee grievances, we solicited feedback from stakeholders using a variety of methods:

- Client/Participant feedback was solicited using focus groups.
- Managers/Directors talked with random clients/participants individually about the services they were receiving.
- Substance Abuse Program conducted M-90 follow-up assessments on all clients in treatment.
- Family Counseling Department conducted a Client Satisfaction Survey.
- Comment/suggestion boxes were placed at each site.
- Surveys were given to clients/participants regarding accessibility.
- Feedback was encouraged on our web page.
- Staff satisfaction survey was administered.
- Community surveys regarding accessibility were administered.

Trends included:

- The vast majority of the clients/participants expressed satisfaction with the services they were receiving.
- The community is pleased with our services but would like for us to be able to serve more clients for free.

Human Resources

Summary

At the end of 2014, CHS had:
- 56 Full time employees
- 24 Part time employees
- 8 On-call employees

Approximately 71% of our staff are full time (40 hours a week) employees

Employee Complaints/Grievances

CHS had no grievances from employees in 2014.

Employee Satisfaction

An employee satisfaction survey was administered to all staff. The return rate of the survey was above 70%. The satisfaction survey was analyzed and a plan of action was put into place. We have concluded that the way some of the survey was worded was confusing. We will re-design the survey before it is administered again.

Employee Retention

2014 retention efforts included:

- 4 all-staff meetings were held including a summer picnic.
- All staff had training plans that were used for staff growth.
- CHS continued to pay 100% of a full time employee's health insurance costs and maintained a health insurance plan with a deductible of $500.
- Employee awards were given based on agency values.
- U-Rock given at each Manager's Meeting.
- The "Caught You at Your Best," program continued.
- Employee evaluations were conducted annually.
- A Retention Survey was administered to all staff.
- An Employee Satisfaction Survey was administered and analyzed.

2014 Employee Awards Winners

- **Accountability**
  Stephany Lopez, Family Support Department
- **Accessibility**
  Marta Buell, Family Support Department
- **Diversity**
  Julia Sachs, Substance Abuse Department
- **Integrity**
  Katrina Hanawalt, Mental Health Department
- **Collaboration**
  Cathy Matson, Substance Abuse Department
- **Fun**
  Scott Lingle, Substance Abuse Department

Volunteerism

In 2014 CHS had 319 volunteers who performed 14,461 hours of volunteerism valued at $260,739 (based on United Way's volunteer rate of $18.03 per hour.

Many CHS staff also volunteer for other causes.

Financial Operations

Financial operations consist of policies and procedures that insure the continued financial success of Center for Human Services through prudent financial management. Financial management is the process of controlling and utilizing resources to best achieve agency goals. This type of management consists of the following principles and was analyzed as indicated:

1. Liquidity (ability to meet short-term financial obligations such as monthly agency expenses) - As of 10/31/2014, our quick ratio (also known as acid test) is 2.26 – meaning that we have 2.26 times the amount of cash and receivables needed to meet our current obligations. The end of the year ratio will be very similar or the same as this 10/31 amount. This is a very strong position for an organization our size. It is, however down .05 from 2013.

2. Debt service coverage ratio (ability to service current debt by comparing operating income with total debt obligations) – As of our fiscal year-end June 30, 2014, our debt service coverage ratio was .88, meaning that our current income was not quite enough to cover our debt payments. However, since that date we have eliminated our Credible debt payments and have significantly lowered our mortgage debt payments. If our income for the year ending June 30, 2015 remains similar to last year, our debt service coverage ratio should improve to approximately 1.15, meaning that our current income will be more than enough to cover our debt payments. (Note – this calculation is after deducting depreciation and amortization expense from income. If that is left in, the ratio becomes much higher.)

3. Stewardship (use of assets, specifically public funds, in compliance with grants and contracts and in the best interest of the community and our clients) – This is evidenced by our clean audit.

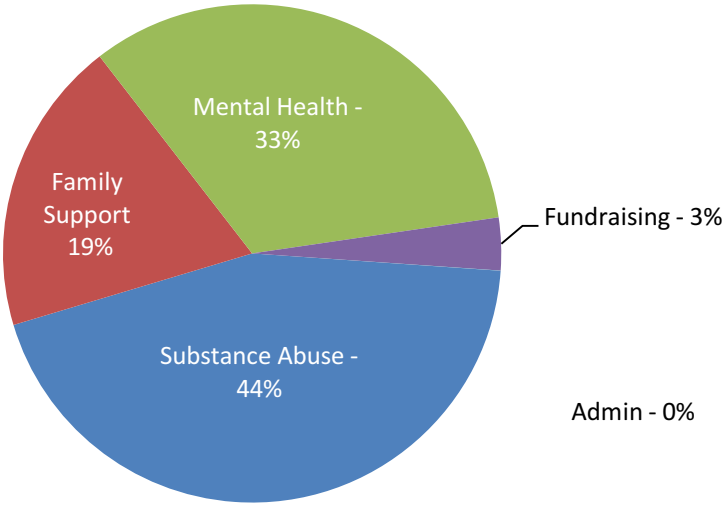
4. Efficiency (ability to obtain the maximum output possible from our limited resources) – Our outputs (numbers of people served, number of hours served) compared to our revenue shows efficiency.

5. Fidelity (any appearance of conflict of interest will be identified and reported immediately to the Executive Director). CHS has a clear conflict of interest policy that addresses this.

In 2014:

- CHS received a clean audit with no findings from Jacobson Jarvis & Co., PLLC.
- The Credit Line was lowered to $100,000 and was not used in 2014.

2014-2015 Budgeted Revenue



2014-2015 Budgeted Costs