

**Jewish Family Services of WNC
Strategic Plan Documentation Outline
Board Approved 1/25/21**

1. Executive summary

The Strategic Planning Committee of Jewish Family Services of WNC (“JFS”) has developed a strategic plan grounded in the agency’s historical success. The strategy is aligned with the JFS mission statement, which is:

Jewish Family Services of WNC enriches the lives of our clients by providing a broad array of clinical and social support services to adults of all faiths, with special emphasis on the needs of older adults.

In August 2020, the Committee conducted a needs survey in the community and identified which services various agencies in Asheville provide to adults. Based on this information, a market analysis, and an assessment of JFS’s capabilities, the Committee developed a strategic plan for each of the next three fiscal years starting in FY22. The plan for the final fiscal year – 2024 – is the following:

- Focus on expanding needed services to older adults while continuing to serve current scope of services to other clients.
- Provide tele-health clinical counseling in eight WNC counties.
- Provide in-person clinical counseling in the JFS office and in referring group medical practices.
- Provide group therapy in person in Buncombe County and via tele-health.
- Expand the Elder Club Group Respite Program to 15 clients per day and four days per week in Buncombe County.
- Open Elder Club in at least one additional county where we already provide tele-health clinical counseling services, based on documented need.
- Provide care management service, either through referral to a contractor or in-house.
- Develop and track quality, efficacy, and client satisfaction measures, and improve results annually.
- Add staff as demand for services increases; revenue permitting, hire assistant director.
- Increase staff pay to competitive level for area non-profits, and introduce cafeteria-style benefits.
- Increase allocation to reserve fund.
- Pursue a grant to explore Aging in Place concept.
- Support expansion of services by growing total revenue by an average of 38% per year, including grants, fees for service, and donations.

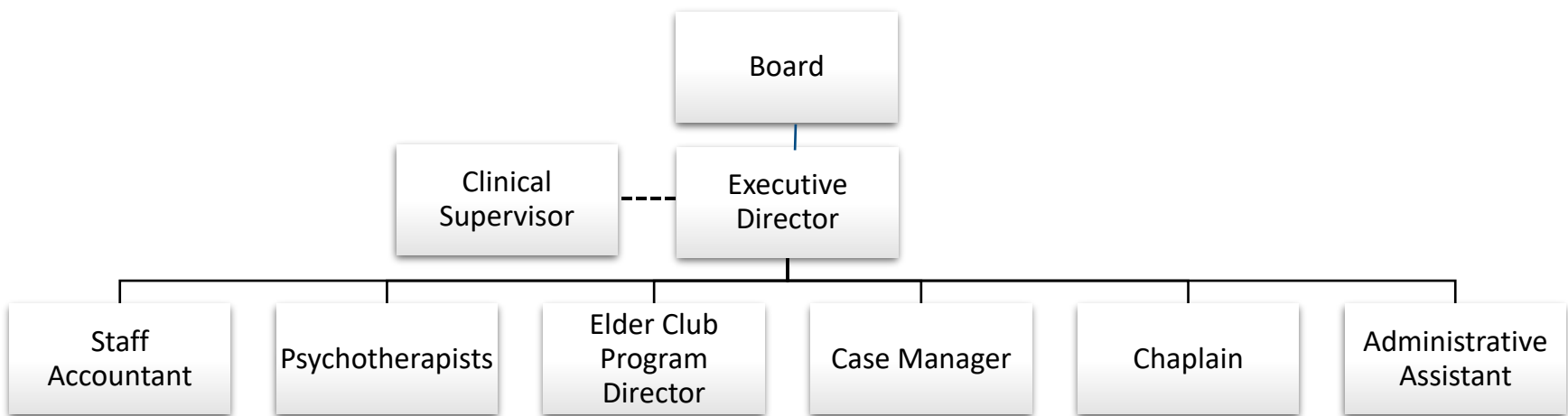
2. Description of the organization

Jewish Family Services of WNC, Inc., (“JFS”) is a 501(c)(3) social service agency for all the people of Western North Carolina.

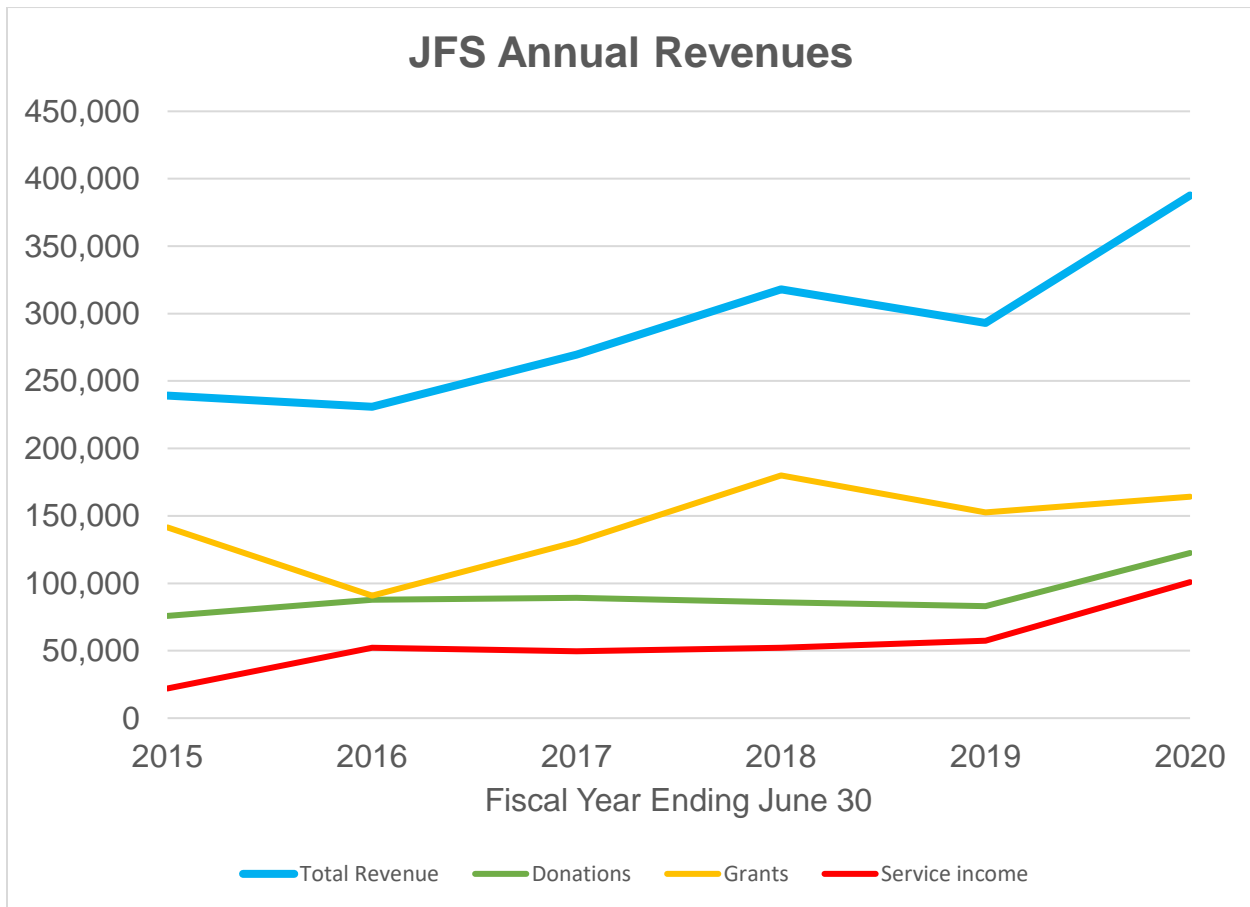
History:

- In 1999, Alison Gilreath founded the organization as a program of the Asheville Jewish Community Center to focus on the needs of the elderly in the Jewish community.
- The first services were holiday kosher food deliveries and the Elder Club to reduce isolation and provide respite for caregivers.
- A case management service was added later.
- In 2007, the program was expanded to serve people of all faiths.
- In 2011, JFS became its own 501(c)(3) agency.
- In 2013, generous donor funding enabled JFS to move out of the JCC to have more space for its growing programs and confidentiality for its clients.
- In 2014, Alison achieved grants to introduce a counseling service, which had additional service revenues from Medicare, health insurance companies, and clients, whose fees are based on ability to pay.
- In 2017, Henderson County clients were added to the Elder Club.
- In June 2019, Alison retired, and Jessica Whitehill was hired as the new Executive Director.
- In March 2020, in response to the global SARS-CoV-2 pandemic, the JFS closed its offices and moved all programs to telephone or online due to the heightened threat of infection and elevated death rates among older adults and those with co-morbidities. The Elder Club has continued in that manner, though on a smaller scale. The clinical counseling program was converted to a tele-health platform and continued to grow. As of January 2021, in-person operations continued to be on hold as the population slowly became inoculated.
- In April 2020, the Board appointed a strategic planning committee, the result of whose efforts are described in this document.
- In December 2020, JFS moved its offices to a larger space at 53 South French Broad Avenue in Asheville.

The JFS organization chart is as follows:



The history of JFS’s revenues in recent years is the following:



All three sources of revenue increased over the period displayed in the above chart. The dollar increase in service income was twice as large as the dollar increase in donations or grants. Its percentage increase over the period was 328% compared with grant increases of 26% and donation increases of 50%. The growth in clinical counseling was the source of most of that growth. As explained in the remainder of this report, the strategic plan continues to emphasize expanding service income over the next three years.

3. Services

The services that JFS offers are the following:

Healing Solutions Counseling

JFS offers clinical counseling services in a confidential setting. Services include individual, couples and family therapy provided by a staff of Licensed Clinical Social Workers. Issues addressed include depression, anxiety, parenting, grief, trauma, adjustment disorders, relationships, stress management, healthy aging, and LGBTQ support. JFS clinical counseling services are provided as part of an integrated model of practice which includes mental health, case management and access to direct assistance. Collaboration and referrals to other community healthcare professionals are

made when appropriate. Clinical Counseling is practiced in person, via tele-health or telephone.

Case Management & Resource Coordination

The JFS Social Worker provides person-centered assessments, goal planning, and guided access to resources. JFS takes a coordinated approach to providing direct services as well as identifying community and governmental resources supporting the client's effort to make progress to their goals. The JFS Social Worker also provides support to Holocaust survivors and their families.

Elder Club Group Respite Program

Older adults avoid isolation, enjoy peer companionship, and participate in stimulating discussions and activities including art, music, and exercise. Family caregivers have peace of mind and enjoy time for personal activities and selfcare. Individuals with mild to moderate dementia and those with physical disabilities are welcome in the program. When permissible, the Elder Club meets in person; otherwise, it is by Zoom. Nutritious gourmet kosher lunches are prepared and delivered or served onsite. Door-to-door transportation is provided by local senior transit services if a participant qualifies; need-based scholarships are available if the participant qualifies.

Jewish Community Chaplaincy Services

The JFS Chaplain, in collaboration with Case Management services, provides pastoral counseling, hospital, hospice and long-term care patient visits, and spiritual support to individuals and families in times of illness, end-of-life, and other stressful situations.

Food Pantry & Emergency Assistance

JFS maintains a food pantry with a wide variety of nutritious shelf-stable items for any individual or family needing temporary assistance. JFS is a Partner Agency with the MANNA Food Bank. The JFS food pantry is the only food pantry in Western North Carolina that includes kosher items. JFS also has gift cards for groceries and gas, as well as Asheville City Transit bus tickets. JFS applies for and administers emergency funds from the WNC Jewish Federation Keren Ami Fund, which provides financial assistance to Jewish individuals and families in crisis.

Senior Services

JFS provides holiday kosher meal deliveries and volunteer friendly visitors or callers to address isolation. It also provides family consultations on long-term care options and other aging issues.

College Funding Resources

JFS is the local administrator for the Jewish Educational Loan Fund (JELF) for interest-free loans to qualified Jewish college students.

4. Target market

Between 2010 and 2020, the population of Buncombe County increased from 238,738 to 263,123, an average growth of 0.96% per year. Millennials and Baby Boomers lead

that growth. Based on 2016 data, 21.9 percent of the population were between the ages of 0-19, 46.4 percent between 20-54, and 31.6 percent at 55 and above. According to the Land of Sky Regional Council, Buncombe County has one of the fastest growing older adult populations in North Carolina, and estimates are that by 2035, more than one quarter of the population will be aged 65 or older. In 2017, Buncombe County passed a resolution to join the WHO/AARP Network of Age-Friendly Communities, which supports “policies, services and structures that facilitate older adults staying healthy, participating in economic growth, remaining socially active, and living in security.”

The Strategic Planning Committee conducted a survey of Asheville social service agencies other than JFS to understand the distribution of available clinical counseling services across all age groups. Appendix A contains the results of the agency survey. A summary of its findings is the following: of the agencies, 16 provide services to children and adolescents, 13 to adults, and 10 to older adults. Individual therapies were provided to children and adolescents in nine agencies, to adults in nine agencies, and older adults in eight agencies. Group therapy was provided to children and adolescents in three agencies, to adults in five agencies, and older adults in four agencies. Case management was provided by one agency.

Given JFS’s expertise with adults and older adults and the relative lack of services to these groups (especially to older adults), and the Buncombe County projection of growth (and therefore, anticipated need), JFS determined that it would continue and expand our current services to adults and older adults and develop and expand services to the older adult group.

A second survey identified the agencies that provided adult day care services in Buncombe County. These agencies and their services are listed in Appendix B.

The Strategic Planning Committee also conducted a survey of needs in the Asheville area. Appendix C contains results of the needs survey. The results revealed that group therapy for loneliness and isolation was one of the services that many respondents said was a need not currently adequately provided in Western North Carolina. This service is one that would be a natural extension of the individual and family clinical counseling that JFS already provides. The barriers to entry into this service market should be low for JFS. Some of the JFS staff already have the training to conduct group sessions. The agencies and medical practices that currently provide JFS with referrals for clinical counseling would also be appropriate for referrals for group therapy.

5. Mission, Vision, and Values

Mission

Jewish Family Services of WNC enriches the lives of our clients by providing a broad array of clinical and social support services to people of all faiths, with special emphasis on the needs of older adults.

Vision

Be the leader among WNC social service agencies in helping our clients thrive by providing accessible, quality, and affordable services.

Values

Integrity, Respect, Caring, Quality, and Justice.

These statements provide meaningful guidance to JFS stakeholders, including clients, employees, contractors, donors, and grantors. Detailed assessments of the statements are in Appendix D.

6. External Analysis

The analysis of JFS's external environment has two components – PEST analysis and Porter's Five Forces analysis.¹ Both components analyze how forces outside JFS affect the organization's ability to fulfill its mission. PEST – political, economic, social, and technological – forces can constrain the organization and can provide opportunities. Porter's Five Forces that can affect JFS are the strength of direct competitors, potential new entrants, substitute products or services, buyers (clients), and suppliers (including donors and grantors).

PEST Analysis

The major events and trends that could affect JFS's success at fulfilling its mission are the following:

- P – Political: A threat is that Medicare and insurance companies could stop reimbursements for tele-health services. Such actions would increase JFS's cost of its geographic expansion, which initially is planned to primarily use the tele-health modality. If fewer clients would be willing to use telehealth because of lower reimbursements, then JFS would have to set up satellite offices, make arrangements with partners, and/or seek grants in each locality.
- E – Economic: If the economy were not to recover quickly from the pandemic, there would likely be both (1) more client demand for the food pantry and clinical counseling, resulting in higher JFS expenses, and (2) less ability of clients to pay for counseling. These trends would force JFS to spend resources on seeking donations and grants at a time when there would be intense pressure on these funders from other charity and social service agencies.
- S – Social: (1) Some people in the non-Jewish community might be reluctant to access JFS services. (2) Some former Elder Club members chose not to participate in the Zoom sessions when in-person meetings were suspended during the pandemic. The prioritization of the elderly to receive the SARS-CoV-2 vaccine will make them more likely to want to resume in-person Elder Club sessions because they will feel protected. That would enable JFS to resume

¹ Porter, M. "The five competitive forces that shape strategy", *Harvard Business Review*, January 2008.

large in-person Elder Club sessions and so also resume receiving the grant money that is conditional on the in-person format. (3) A long-term trend is the increasing portion of the U.S. population that is elderly. That trend is enhanced in Asheville because it is often ranked as a desirable place to retire. Therefore, the demand by the elderly for services will increase over the years.

- T – Technological: (1) If the new SARS-CoV-2 vaccines are eventually found to provide durable protection, then in-person sessions of the Elder Club will become even more popular. (2) If the vaccines are eventually found to reduce the likelihood that a vaccinated person will transmit the virus to others, then in-person Elder Club sessions will be safer for the participants' caretakers and JFS staff; this effect will accentuate the popularity of the Elder Club and will be safer for JFS employees. (3) The pandemic has caused many people to become more familiar and comfortable with electronic communication, so tele-health will tend to be more acceptable to more people. This tendency will enhance the likelihood of our being successful when we launch tele-health offerings in other WNC counties.

Porter's Five Forces

- Suppliers – (1) The category of suppliers that most limits JFS's ability to achieve its mission is grantors and donors. Further, they alone are the strongest force of five forces that constrain what JFS can accomplish. They have many options for directing their money, including donors' expenditures on personal items. JFS must demonstrate a superior ability to achieve the goals of grantors and donors to induce them to direct their money to JFS instead of elsewhere. (2) Another important category of suppliers is skilled workers, such as managers, licensed clinical therapists, and social workers. These workers have many alternative agencies for which they could work. To attract effective workers, JFS's pay scale, benefits, work environment, and mission must be sufficiently attractive. (3) JFS has had many Board members that have made significant contributions to the agency. So far, the supply of talented Board members has not been a problem. (4) There are many other suppliers from whom JFS is receiving products and services. JFS pays competitive prices for them.
- Direct competitors – Several agencies in Buncombe County provide services that have some similarity to JFS's clinical counseling and Elder Club services. In addition, some agencies provide services that would compete with the group therapy services that we plan to provide. These other agencies so far are small in scale relative to the size of the market. Appendix A lists the agencies in Asheville that provide various types of mental health services, and it provides information about agencies providing adult day care and group respite. We do not yet have comparable information about similar service providers in other Western North Carolina counties, but most information sources indicate that elder needs are less well-served there than they are in Buncombe County.

- Potential entry – (1) The tele-health modality has enabled JFS to continue to provide clinical counseling and case management in spite of the pandemic. However, it is conceivable that one or more agencies from outside the area could market its remote clinical counseling service in our area and in the additional WNC counties into which we plan to expand. For any new tele-health clinical counseling clients, JFS would be on roughly equal footing to an outside agency that would market its service in our area except for the bias that some people have toward local agencies. For tele-case management services, our knowledge of local resources would give us a competitive advantage. For in-person services, agencies coming from outside the area would have a competitive disadvantage to JFS's already-established position. Once the pandemic becomes under control, the tele-health modality would have a competitive disadvantage relative to in-person services for Elder Club and, for some clients, clinical counseling, case management, and group therapy. (2) A looming competitive threat is Mission Health's plan to build a mental health tower in 2025, which will attract the expansion of programs of currently competitive agencies and the development of new competitive agencies and programs. JFS must develop a strong market position by then to remain successful once Mission expands its capabilities.
- Buyers – (1) The buyers of JFS's services are the clients. Even if third parties provide funding, the decision makers are the clients. As indicated in the discussion of direct competitors above, potential clients have few service providers from which to choose. JFS has been successful at growing its client base through referrals and marketing. (2) Because the Jewish community market for our services is small relative to the total market, there is an opportunity to serve more people with proven services by marketing to non-Jewish communities.
- Substitutes – People who live in continuing care retirement communities have less of a need for our Elder Club. Some people might try self-help products and programs as a substitute for clinical counseling.

7. Value Chain

The following are the functions that enable JFS to deliver services to clients:

- The primary responsibilities of the Executive Director are the following:
 - Organizes, hires, and supervises the agency's staff.
 - Investigates, plans, promotes, and writes grants.
 - Conducts community outreach to stimulate client inquiries, client referrals, and donations.
 - With assistance from the Board and the Fund Development Committee, plans and implements fund development.
 - Manages controls to meet the budget.
 - Participates in Board meetings and Board committee meetings.

- Maintains and enforces agency policies.
- Clinical counselors conduct counseling, maintain secure client records, and participate in clinical pre-certification and recertification of clinical counseling.
- The case manager assesses client needs, identifies needed resources, and, when appropriate, refers clients to clinical counselors or other resources.
- Elder Club supervisor
 - Screens applicants for the Elder Club.
 - Plans and conducts the Elder Club sessions.
 - Manages Elder Club volunteers who assist the sessions.
- The Board of Directors is a working Board, approving annual budgets, directing agency policy, and supporting the agency.
- Board committees actively support the agency by developing proposed plans or policies, providing volunteer work, and/or providing oversight. All the committees work closely with the Executive Director. The committees are the following:
 - Finance, including personnel
 - Fund Development/PR, Communications, Technology
 - Board Governance
 - Program
 - Strategic Planning
- Staff accountant
 - Manages client billing and insurance claims.
 - Pays agency bills.
 - Develops monthly financial reports and key performance indicators.
 - Maintains donor lists.
 - Compiles payroll.
- Administrative assistant
 - Answers telephone, forwards calls to appropriate functions.
 - Is receptionist for visitors.
 - Provides administrative support for the agency.
 - Manages meal deliveries to clients.
- Suppliers outside the organization
 - Donors are primarily in the local Jewish community.
 - Grantors are Jewish and secular organizations and county government.
 - The kitchen manager is a regular contractor.
 - From time to time, contractors are hired for support for clinical supervision, IT, marketing, or fund development.
- Marketing channels
 - The agency gets referrals from local rabbis, medical practices, and other agencies.

8. Kernel and Objectives – the Strategy

Explain the organization's kernel(s):

- A diagnosis defining the challenge or opportunity
- A guiding policy for dealing with the challenge or opportunity
- A set of coherent actions that carry out the policy – Executive Director and Board Committees
 - Action to be taken
 - Dates by which action is begun and completed
 - Person or position that is responsible.

Identify the expected results.

Identify and describe the strategic objectives of the organization.

Challenges and Opportunities

As explained in Section 4, we have identified significant unmet needs of existing and potential clients in Western North Carolina. We have also identified imperatives for operational effectiveness and stability. This document categorizes the planning into four parts:

- A. Elder Club service and respite for caregivers
- B. Clinical counseling service
- C. Group therapy service
- D. Operational effectiveness and stability
 - Employee pay and benefits
 - Reserve fund build up
 - Assistant director position

Below we discuss each of these categories and then specify the annual planned actions to implement our strategy and the expected financial impacts.

A. Elder Club service and respite for caregivers

JFS has had to limit the number of Elder Club participants previously because the conference room in the agency’s previous location had reached capacity. The problem will be solved through an arrangement JFS has with Congregation Beth HaTephila (CBHT) to use a much larger space in its building. At the moment, the pandemic has caused the building to be closed, but, when the pandemic becomes sufficiently under control, CBHT will open the building, and JFS will be able to hold Elder Club sessions several times per week. Further, the popularity of the program with our historical participants leads us to believe that there might be a market for the service in other WNC counties; we plan to test this potential.

B. Clinical counseling service

Demand for our clinical individual and family counseling service has been increasing rapidly. From FY19 to FY20, clinical counseling revenues increased by 111%. Despite the pandemic, revenues for the first four months of FY21 increased over the

comparable period in FY20 by 37%. Therefore, JFS concludes that there remain additional clients to be served in Buncombe County, where efforts have so far been focused on stimulating referrals. Another conclusion is that there are unmet needs for individual and family counseling services in other WNC counties.

C. Group therapy service

The needs survey identified an unmet need for group therapy services. JFS initially plans to offer this service in its facility in Asheville with groups that address loneliness and isolation. If that is successful, JFS would offer group therapy sessions for other topics.

D. Operational effectiveness and stability

JFS's benchmarking efforts determined that employee wage rates are below those of most non-profit agencies in the area. In addition, many non-profits offer employee benefits that we do not. Therefore, to retain and hire skilled employees, we plan to increase employee pay and to improve our benefit package.

Many organizations have a reserve fund that they can draw on during financially difficult periods. This practice improves survivability so the organization can continue to provide needed service both during and after the difficult period. As of October 31, 2020, JFS's reserve fund balance was about \$36,500, with a budgeted increase of \$500 per month. We plan increase the monthly allocations to the reserve fund since its current balance would cover only about one month of expenses.

The Three-Year Plan

Below is the action plan and financial plan for Fiscal Years 2022-2024.

Revenues

Mental Health Services

JFS will increase services in Buncombe County via telehealth as well as in-person when it can be safely done. The program will expand to one WNC additional county (e.g., Henderson, Transylvania, Haywood) for telehealth and possibly in-person (depending on safety of in-person session) for FY21 and two additional counties each year through FY24. JFS will provide in-person counseling at the agency office and via telehealth as well as within other referring facilities such as group medical practices. JFS will also offer group therapy service via telehealth and in person in Buncombe County. Revenue will increase 25% year-over-year through the end of FY24. Gross mental health revenue:

FY22: \$203,375

FY23: \$254,218

FY24: \$317,473

Elder Club

Following successful re-opening of Elder Club Group Respite Program during FY21 (timeline may depend on virus and vaccine), JFS will expand Elder Club in Asheville to

15 clients, four days a week beginning in FY22 in a new space at Congregation Beth HaTephila. Expansion to an additional county where JFS already provides tele-counseling services, and based on documented need and financial support, will be explored in FY22 and FY23 for expected opening in FY24. In FY24, JFS will re-evaluate partnership with CBHT for Elder Club space to determine whether EC should be free-standing or included in location of other JFS services. JFS will consider re-branding Elder Club to continue driving growth in the general community. Revenue from participants:

FY22: \$66,560 (assumes 208 program days/year, 10 people/day at \$32/day)

FY23: \$99,840 (assumes 208 program days/year, 15 people/day at \$32/day)

FY24: \$182,000 (assumes 208 program days/year, 15 people/day in AVL; 52 program days/year, 10 people/day at second location; increase to \$35/day)

Care Management

JFS will provide Care Management services, first through referral to a contractor and then an in-house staff member, if deemed feasible, at 15 hours per week. JFS will bill \$75/hour to start. Medicare reimbursements and sliding scale not factored.

FY22: not budgeted

FY23: not budgeted

FY24: \$19,000 (assumes \$58,500 revenue and \$39,000 for contractor)

Aging in Place concept

JFS will pursue a grant in FY22 to explore Aging in Place concept.

FY22: \$75,000

FY23: unknown

FY24: unknown

Grant Revenue

JFS grant revenue will increase 25% each year over the FY21 baseline.

FY22: \$222,500

FY23: \$278,125

FY24: \$347,656

Donations

FY22: \$125,400 (10% increase)

FY23: \$137,940 (10% increase)

FY24: \$158,631 (15% increase)

Total revenues:

FY22: \$692,835

FY23: \$770,123

FY24: \$1,024,760

Expenses

Pay rate increases

JFS will increase salaried and hourly rates (other than hourly clinical rate) by 3% for FY22, 4% for FY23 and 5% for FY24*. Includes development and marketing contractors.

FY22: \$321,694 (5 FT staff, 7 PT staff)

FY23: \$419,374 (6 FT staff, 6 PT staff)

FY24: \$509,571 (8 FT, 5 PT staff)

Employee benefits

JFS will enact a cafeteria-style benefits program by which staff working at least 30 hours can select the benefit that best suits them; for example, a given amount of money towards health insurance, retirement or an HSA. For FY21, the Finance Committee and Staff Accountant will investigate benefit options and how best to make them work. For FY22, JFS will contribute \$100 per month to five employees working a minimum of 30 hours per week. By the end of FY24, JFS will contribute \$300 per month for eight 30-hour employees.

FY22: \$100/month for 5 employees - \$6,000/year

FY23: \$200/month for 6 FT staff - \$14,400/year

FY24: \$300/month for 8 FT staff - \$28,800/year

Occupancy and other expenses

Includes lease and maintenance, contracts, program expenses, administrative, other.

FY22: \$162,909

FY23: \$172,280

FY24: \$182,242

Contributions to reserve fund

JFS will contribute \$6,000 this year increasing to \$10,000 in FY22, \$15,000 in FY23 and \$20,000 in FY24.

FY22: \$10,000/year

FY23: \$15,000/year

FY24: \$20,000/year

Total expenses:

FY22: \$500,603

FY23: \$621,054

FY24: \$740,613

Revenues over Expenditures

FY22: \$192,232

FY23: \$149,069

FY24: \$284,147

To implement the above plan, specific implementation plans need to be developed by multiple committees working with JFS staff. For instance, (1) the Program Committee

would need to work with staff to develop policies, procedures, and staffing plans to introduce any new service. (2) The Finance Committee would need to work with the Executive Director to evaluate the feasibility of each year's increase in employee pay, employee benefits, and the allocation to the reserve fund. There would also have to be work to define the benefits plan. (3) The Fund Development/PR, Communications, Technology Committee would have to work with staff to develop a marketing plan for any service that is new or is planned to be offered in another county.

Appendix A

Mental Health Service Providers and Their Services in Buncombe County

Access Family Services: Child and adolescent services; individual, group, family, crisis management, educational

All Souls: Adult services; individual, group dialectical behavioral therapy (only), family therapy, relationship counseling, and education

AVL City Schools: Child and adolescent; educational approach

Assessment Center: Child and adolescent; crisis, residential, educational

Buncombe County Schools: Child and adolescent; individual, group, and educational

Caring for Children: Children and adolescent; individual, family, residential, educational

Catholic Charities: Children, adolescents, adults, older adults; individual, educational

Charles George VA: Adult and older adult: individual, group, chemical dependency, educational

Family Preservation Service: Child and adolescent; individual, family, educational

MAHEC: Child, adolescent, adult, older adult: individual, group, chemical dependency, educational

Mission: Child, adolescent, adult, older adult; individual, hospital, intensive outpatient, crisis

Mobile Crisis Team: Children, adolescent, adults, older adults; crisis, educational

Neil Dobbins Center: Adolescents, adults, older adults; chemical dependency, crisis, residential, educational

October Road: Adult and older adult; individual, group, chemical dependency, intensive outpatient, educational

Positive Parenting Program: Children and parents; educational

RHA Behavioral Health/C3356: Adolescents, adults, older adults; individual, group, family, chemical dependency, crisis

The Pisgah Institute: Adolescents, adults, older adults; individual, family, educational

Transformation Village ABCCM: Children, adolescent, adult women; case management, crisis, residential, educational

WNC Community Health at Minnie Jones: Child, adolescent, adult, older adult; individual, educational

Appendix B

Adult Day Care Providers in Buncombe County

BMG: Home Health, Respite Home care, Equestrian Services

Care Partners (Mission): PACE program: Age: 55+, for patients requiring nursing home level of care. Coordinated care program including PCP, care management, nursing visits, etc.; no "a la carte" services. Accepts Medicare, Medicaid, private pay.

Happily at Home: Constant busy, no web site. May be out of business.

HBC Day Stay Adult (Candler): Age 18+, adult day care for those who can self-transfer and need limited assistance with toileting/eating. Exercise, recreation, arts-crafts, education, weekly Christian worship service, music, socialization. \$35 for half day, \$50 for 7:30-5:30, includes lunch and two snacks. Sliding scale, State Adult Day Care funding for unfunded. Does not accept Medicare or Medicaid.

HCCBG (Land of Sky): Adult day care, respite, care management, in-home services. Age 60+, for uninsured. Federal and State funding.

MountainCare (AVL, Flat Rock, Brevard): Adult Day Care + overnight respite, grief support services (individual and group). Rathbun House: up to 14 day stays for families when a patient is receiving services at local hospitals.

Senior Care Fellowship (Baptist): Line disconnected, presumably no longer operating.

Contacted, but do not meet our survey criteria:

Compass Adult Care (Access Family Services): No adult day care services: intensive in-home services and non-emergency respite for children/adolescents, especially in the foster care system.

Interim In-Home Support: in-home only.

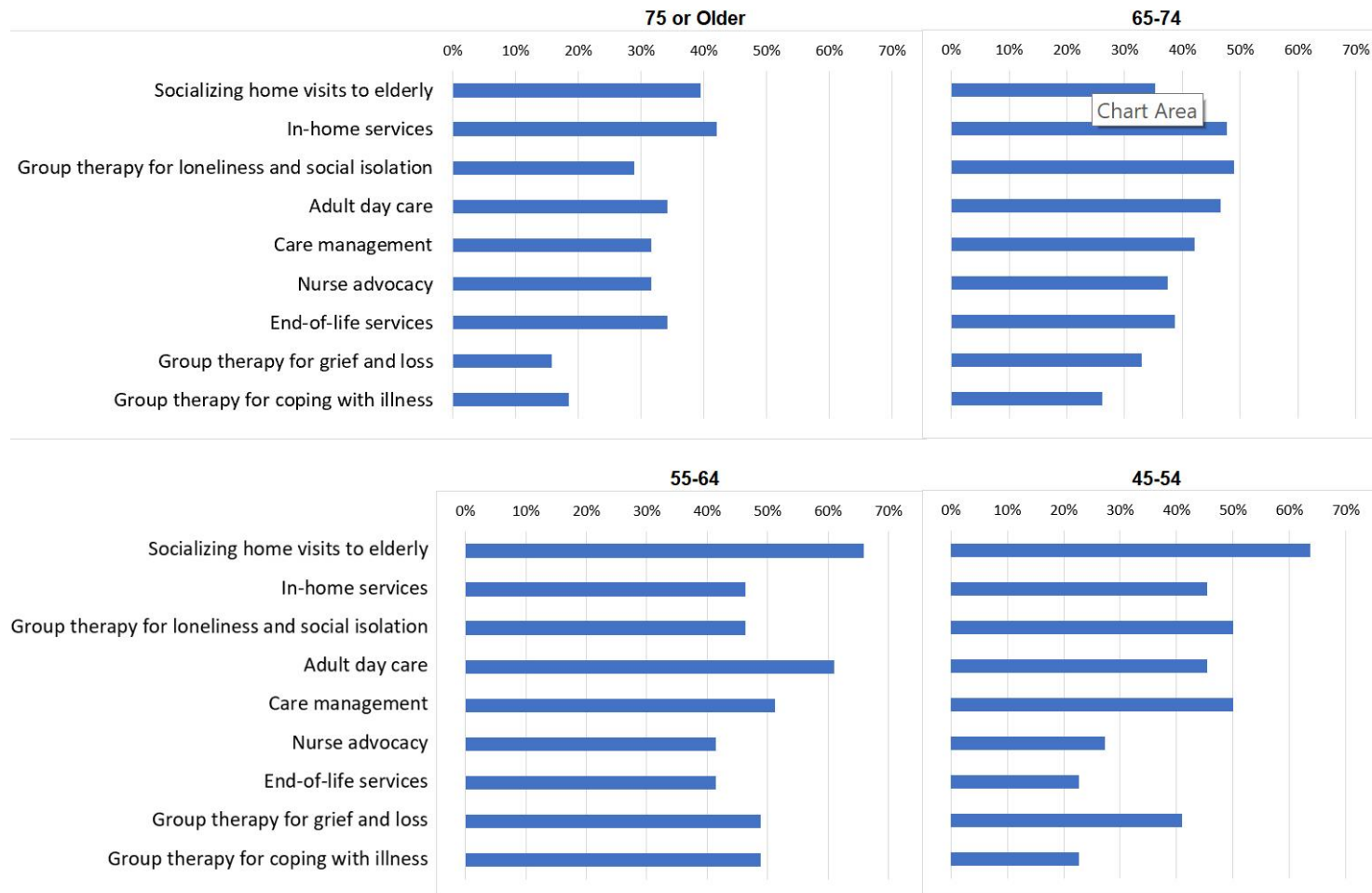
Irene Wortham: Children and adults with developmental disabilities.

Reach for Independence (Fletcher): Individuals with developmental disability. Medicaid only.

Wellness Center: External referrals only. Not a provider of service.

Appendix C Key Needs Survey Results

Q: Please check the social services below that you, an adult family member, or someone else in the community, might need that is not currently adequately provided in Western North Carolina.



Appendix D

Mission, Vision and Values Worksheet

Mission

State the organization's mission:

Jewish Family Services of WNC enriches the lives of our clients by providing a broad array of clinical and social support services to people of all faiths, with special emphasis on the needs of older adults.

Is it clearly understandable by people internal and external to the organization (a strong requirement for a mission statement)? If not, then what changes might be needed to it?

Does it:

- ✓ Succinctly describe the purpose of the organization (strong requirement)?
- ✓ Succinctly describe the overall type(s) of customer/client served by the organization (strong requirements)?
- ✓ Provide sufficient focus and direction that members of the Board and staff can reference the mission when making major decisions (strong requirement)?
- Succinctly describe the particular customer/client need(s) met by the organization (recommended)?
- ✓ Mention the particular results (new knowledge, skills and/or conditions) that the organization tries to help its customers/clients to achieve (recommended)?
- ✓ Differentiate the organization from other firms in the area (recommended)?
- ✓ Convey strong, public image (recommended)?
- ✓ Mention the communities in which the organization operates (optional)?
- ✓ Applicable to nonprofits only: Stay within any legal requirements of the nonprofit, for example, maintain charitable status, conform to church law, conform to national bylaws or maintain foundation status?

What additional attention might be needed in developing the mission statement?

Vision Statement

Write the organization's vision statement:

Be the leader among WNC social service agencies in helping our clients thrive by providing accessible, quality and affordable services.

Is it clearly understandable by people internal and external to the organization (a strong requirement for a vision statement)? If not, then what changes might be needed to it?

Does it:

- ✓ Depict the desired future state of the organization and its customers/clients at some point in the future (strong requirement)?
- ✓ Inspire members of the organization and key stakeholders (strong requirement)?
- ✓ Depict the environment in which the organization operates and how customers/clients benefit from the organization's products/services (strong requirement)?

What additional attention might be needed in developing the vision statement?

Values Statement

Write the organization's values statement:

Integrity, Respect, Caring, Quality, and Justice

Is it clearly understandable by people internal and external to the organization (a strong requirement for a values statement)? If not, then what changes might be needed to it?

Does it:

- ✓ Depict the top priorities in the nature of how the organization wants to operate in order to meet the needs of customers/clients and other stakeholders?
- ✓ Depict the top priorities in how the organization wants to operate in order to address current challenges in the workplace.
- ✓ Depict how the organization wants to be viewed by staff and external stakeholders?
- ✓ Have a high likelihood of being adhered to, as much as possible, by all members of the Board and employees/staff?

What additional attention might be needed in developing the values statement? Nothing.