





Statement of Need

In the past, we have dispersed funding requests between hospitals, universities, public health and public funds, such as the Human Service Levy, as well as local foundations.

Over the recent past, many local foundations have changed their criteria for giving and their selection of causes. Smaller allocations seem to be the norm and, in general, no sustainable project support such as salaries has become an allowable expense. Funders also appear to be interested in new programs and not in sustaining long-term programs "even if successful."

The environment for charitable giving through Montgomery County Human Service Levy (HSL) and United Way (UW) of Greater Dayton Area has also changed directions towards the UW national theme of poverty. Last year we lost over \$136,000 of HSL grant funding with diversion of these funds toward income stability, education and other poverty areas such as food and shelter. This longstanding partnership is no longer available, leaving a 21% gap in our budget as of July 1, 2017.

These charitable changes alter our grant-funded program model, leaving a gap as we and many nonprofits in the area search for different funding sources. We are turning to our founding partners asking if they can help. As the Dayton Foundation president stated in this summer's newsletter,

"It goes without saying that volunteers are one of our nation's most important assets. It's part of our culture. The Corporation for National and Community Service reports that last year about 63 million Americans volunteered nearly eight billion hours, worth roughly \$184 billion." It's a fact that our community continues to suffer from unmet needs such as prescriptions and access to medical care for the underserved. We are asking that you once again fill the new funding gap of our medical volunteer program, many of whom have given back over 20 years of service to our community.

Attached in this document you will find a report focusing on a four-year look back at our delivery of services. In summary, our clients have new faces, they come with complex diagnoses and require additional care delivery through case management, interpreters, transportation and need more resource connection such as components of mental/behavioral health. Our pharmacy, **Bettman Charitable Pharmacy** continues to provide services to the uninsured, but is also busy patching the medication needs of the underinsured. Reach Out needs your assistance to sustain health in our community.

Value of Charitable Services to the Montgomery County Community

- For every \$1 contributed to Reach Out, we can leverage donated service and products eight times that value.
- Over the last four years, Bettman Pharmacy received \$2.8 million worth of donated pharmaceuticals from charitable relief organizations
- Over 4 years the Blue Book value of volunteer services that Reach Out provided was \$1.09 million
- For every visit obtained in Reach Out, we save on average \$440 emergency room cost (3,000 visits = \$1.3 million)
- If we saved one person from an intensive care unit visit per month, Reach Out's entire budget would be covered!

Reach Out Mission

Reach Out of Montgomery County (ROMC) started in 1995 as a Robert Wood Johnson Foundation grantee with a mission to secure the underserved population access to health care services by local physician volunteers. Founding partners for ROMC included Dayton and Montgomery County Public Health Department, Wright State University Boonshoft School of Medicine (WSU-BSOM), and Montgomery County Medical Society. In 1998, ROMC gathered additional long-term support from Miami Valley Hospital and Dayton Children's Medical Center.

History of ROMC's Charity Medical Model

ROMC from 1995-2006 shared facilities sponsoring after-hours clinics in two Neighborhood Health Centers covering East and West Dayton. In 1998, Sunset Clinic, an after-hours pediatric health clinic was acquired from Dayton & Montgomery Health Public Health Department and relocated into East End Community Services Building on Xenia Ave. It was not until an HRSA grant in 2006 brought all services into one building owned by Miami Valley Hospital, located at 25 E. Foraker St., Dayton, Ohio 45409.

ROMC started as a free clinic model and now encompasses many aspects of community health services. ROMC offers urgent care appointments, acute differential walk-in visits, chronic care monitoring, laboratory diagnostics, behavioral visits, Charitable Pharmacy and preventive health activities in underserved neighborhoods mobilizing EMS Fire Departments.

Hours of Operation

ROMC office is open five days per week, Monday through Friday, 10:00 a.m. to 5:00 p.m., with evening clinics starting at 5:00 p.m. on Monday for pediatrics and Wednesday and Thursday for adults. Our Friday afternoon clinic (noon to 4 p.m.) has become popular among the employed uninsured patients.

Bettman Charitable Pharmacy is located within our ROMC clinic facility. It is open Monday-Friday noon to 5:00 p.m. for the public and on Wednesdays and Thursdays 5:00 to 9:00 p.m. to provide pharmaceutical support for evening clinics.

ROMC Clinical Eligibility for Services

Traditionally, 97 percent of ROMC patients lived in Montgomery County. Now, patient eligibility is dependent on income and circumstances regarding access to health care not just where they reside. Although unemployment in Montgomery County is currently low (5 percent), many of our patients remain unemployed (77 percent). Those who are served by any of our services have household incomes at or below 250 percent of federal poverty guidelines.

The number of patients insured or uninsured varies widely throughout the year. With health care regulatory changes, patients transient in and out of county, state or the country, we find patients are in and out of coverage throughout the year. Presently, recertification rulings change and if you miss a window of 15 days, one may not be eligible to gain coverage until the new enrollment period. We often hear the patient say, "I only found out I wasn't covered at the pharmacy window."

We saw 1,000+ new patients last year in our clinic. A significant number were on Ohio Medicaid plans who "had gaps in coverage." What we can't seem to find at the state level is the statistical information on if the number of Medicaid "drop-offs" within a year is rising. And, with access statistics only based on enrollment numbers, continuous coverage remains an unknown number of people. Therefore, as long as there are gaps in our public "system," ROMC as a safety-net provider will need to continue its safety-net services.

Clinic Visits			
2013-14	2014-15	2015-16	2016-17
3,725	2,963	2,564	2,974

Volunteers

Volunteer Hours				
2013-14	2014-15	2015-16	2016-17	
9,010	12,016	10,269	9,585	

ROMC, a 501(c)(3), has a 7.5 FTE's paid staff mix that supports 600+ volunteers, including service-learning medical professionals from various local universities. Indirect staff support such as WSU-BSOM support for the executive director position since 1998, and recent donated employee support from AmeriCorps VISTA and federal work study students, keeps administrative costs down.

Demographics

Most of the population served by ROMC clinics has historically been, and continues to be, of a minority race. The newest shift shows a decline in the Caucasian population with a growing number of immigrants from a variety of countries.

The most common **age range in the clinic is between 25-59** years of age and the majority list themselves as "single," but share a household with others.

In 2016-2017, we saw an increase shift in gender toward females, possibly due to our **expanded services through a women's health program.**

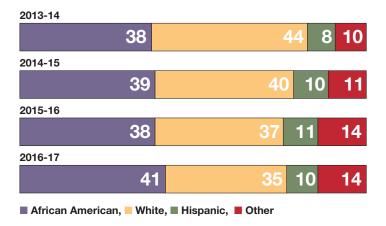
Languages are diversified at ROMC clinics. Our **translation budget has doubled since 2013,** again confirming new immigrant populations.

People who utilize our services are Montgomery County residents (97 percent) and (82 percent) are adults. The pediatric population has grown, again following the growing number of immigrant families in our community.

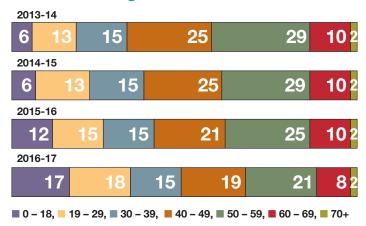
During the peak of double-digit unemployment and prior to expansion of Ohio Medicaid (2009-2013), visits at ROMC reached over 4,000. During this time, there was limited access for new patients into PCP or FQHC's. Currently, we are seeing better access (2-3 weeks), yet we have a large influx of "new" patients (1,800 annually) defined as not within ROMC's database.

We believe there are two factors impacting the fluctuation of clinic visit volumes, (1) ACA counselors enrolling patients into Medicaid forwarding those to the FQHC's, and (2) the use of pharmacy manufacturing assistance programs by ROMC Charitable Pharmacy allowing patients, if stable, to not have to return to clinic as often for medication refills.

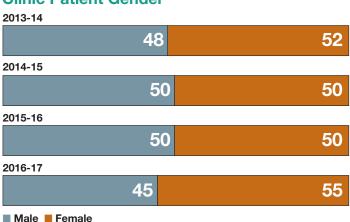
Clinic Patient Race



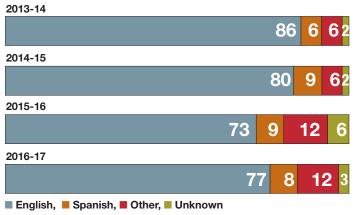
Clinic Patient Age



Clinic Patient Gender



Clinic Patient Language



Bettman Charitable Pharmacy

Prescriptions Dispensed				
2013-14	2014-15	2015-16	2016-17	
22,224	19,137	16,977	17,674	

In 2006, ROMC became the **first in Ohio to obtain a Charitable Pharmacy License.** There are currently only three Charitable Pharmacies in Ohio, and we are the only facility located within a charitable clinic.

Bettman Charitable Pharmacy has two pharmacists (1 FT/1 PT) and one pharmacy technician. During daytime peak hours, there will be two staff members in the pharmacy filling scripts as well as educating patients. During the evening clinic hours, a volunteer pharmacist staffs the pharmacy.

During the day, the pharmacy fills prescriptions from patients discharged from area hospitals. We also fill prescriptions for other vulnerable populations such as those from FQHC's, shelters, primary care and hospital specialty offices. During the evening, the pharmacy is only accessible to Reach Out Clinic patients.

The role of the pharmacist is to dispense medication as well as identify patients in need of access to primary care providers. The patient is either referred into ROMC clinics for an acute episodic care or referred into the community for continuity placement.

Our pharmacists support patients with 30-day supply of medications and refills for up to three months or until insurance is established. They seek affordable medications to manage the patient's condition, or place them on pharmacy manufacturing assistance programs for life sustaining insulin, inhalers and other expensive yet necessary medication therapies. In addition to dispensing, the pharmacist educates the patient about their disease and reviews with them medication administration at each visit. This year we also selected patients based on chronic conditions for medication therapy management for chronic diseases. This is in collaboration with the University of Cincinnati School of Pharmacology.

Pharmacy manufacturer assistance programs, donations, physician-provided samples, and community/sponsor partnerships for medicine donations have all allowed Bettman Pharmacy to extend its budget to meet patient needs.

Pharmacy Patient Population

- People who can't afford insurance offered by employer
- People with jobs that don't offer insurance
- People just laid off or had their hours cut
- People with out-of-state insurance who move to Ohio
- People who move and insurance renewal notices don't get to them
- Elderly in the donut hole

- Fixed income whose insurance co-pays become unmanageable (off formulary, high tier drugs). Story: Patient X presents unable to afford her insulin copays. She has high copay due to new diagnosis of diabetes. This was not considered when she signed up for health insurance, therefore now her health plan no longer meets her medication needs.
- Dayton's indigent population jail, homeless, runaways, salvation army, drug rehab
- Immigrants
- Patients who make too much to qualify for Medicaid and not enough to afford marketplace insurance.
- People with significant insurance paperwork delays backlogs, appeals
- ER/Hospital safety net backup
- · Rising cost of generics
- Formulary changes often eliminating coverage on some medications or raising "tier" levels to a point of being unaffordable

Benefits of Financial Support for Bettman Charitable Pharmacy

Current: Medication prescriptions are filled for a 30-day supply.

Funding Support: Could assist with continuity of care by increasing the number of refills at Bettman Pharmacy while patients are awaiting insurance re-instatement, donut hole relief, etc.

Current: Majority of the formulary is generic.

Funding Support: Would expand formulary to include medications that are now standard of care per current guidelines (Diabetes, COPD/Asthma, Rheumatoid).

Funding Support: Add psychiatric medications as we are referred and see more complex patients with co-morbidities.

Current: Pharmacy is open noon to 5 p.m.

Funding Support: Increase pharmacy hours to support patients seen overnight or early morning from area ERs.

Current: Information Technology software is limited for report writing.

Funding Support: Upgraded system and equipment to harness technology that will allow us to record medication therapy management and outcomes.

Current: Staffing support to recruit more volunteers.

Funding Support: to increase patient medication/education needs – Add pharmacy students and volunteers, pharmacy technicians for evening clinics Reach Out of Montgomery County.

Statement of Financial Position

June 30, 2017

ASSETS

Current Assets	
Cash and cash equivalents	139,534.55
Contributions receivable	52,500.00
Accounts receivable – grants and contracts	38,841.66
Pharmaceutical inventory	26,303.95
Paid expenses	26,001.57
Total Current Assets	283,181.73
Fixed Assets	
Leasehold Improvements	157,512.94
Equipment	103,770.32
Furniture and Fixtures	18,304.30
Accumulated depreciation	-138,836.12
Total Fixed Assets	140,751.44
Other Assets	
Cash held by others	7,893.35
Total other assets	7,893.35
TOTAL ASSETS	431,826.52
LIABILITIES AND NET ASSETS	
Liabilities	
Accounts Payable	674.23
Deferred Grant Revenue	13,000.00
Accrued Payroll and taxes	0.00
Total Liabilities	13,674.23
Net Assets	
Unrestricted Net Assets	418,152.29
Temporarily restricted net assets	0.00
Permanently restricted net assets	0.00
Total net assets	418,152.29
TOTAL LIABILITIES AND NET ASSETS	431,826.52

Statement of Activities

for the year ended June 30,2017

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
SUPPORT AND REVENUES				
Grants and contributions	448,073.80	0.00	0.00	448,073.80
Donated services and rent	189,209.87	0.00	0.00	189,209.87
Donated pharmaceutical supplies	19,633.91	0.00	0.00	19,633.91
Interest income	410.53	0.00	0.00	410.53
Miscellaneous income	570.00	0.00	0.00	570.00
Total support and revenues	678,898.11	0.00	0.00	678,898.11
EXPENSES				
Program services	621,959.78	0.00	0.00	621,959.78
Supporting services				
Management and general	37,967.61	0.00	0.00	37,967.61
Fundraising	12,006.94	0.00	0.00	12,006.94
Total Expenses	671,934.33	0.00	0.00	671,934.33
CHANGE IN NET ASSETS	6,963.78	0.00	0.00	6,963.78
NET ASSETS, BEGINNING OF YEAR	411,188.51	0.00	0.00	411,188.51
NET ASSETS, END OF YEAR	418,152.29	0.00	0.00	418,152.29

Statement of Functional Expenses for the year ended June 30,2017

	Program Services	Management and General	Fundraising	Total
Donated services and rent	145,300.00	0.00	2,500.00	147,800.00
Salaries and wages	269,750.40	2,038.41	0.00	271,788.81
Payroll taxes	23,296.70	224.36	0.00	23,521.06
Satellite Clinic Support	6,430.66	0.00	0.00	6,430.66
Promotional health	1,383.09	0.00	0.00	1,383.09
Pharmacy expense	78,640.77	0.00	0.00	78,640.77
Volunteer recognition	4,744.77	0.00	0.00	4,744.77
Office supplies	1,918.06	965.84	0.00	2,883.90
Printing	2,834.71	0.00	0.00	2,834.71
Telephone	6,985.29	0.00	0.00	6,985.29
Occupancy	32,223.19	3,580.36	0.00	35,803.55
Travel/parking	522.00	3.00	0.00	525.00
Medical supplies	4,238.42	0.00	0.00	4,238.42
Technology	14,390.40	0.00	0.00	14,390.40
Postage	311.78	34.64	0.00	346.42
Depreciation	19,981.73	2,220.19	0.00	22,201.92
Insurance – General	1,791.00	0.00	0.00	1,791.00
Translation expense	2,145.10	0.00	0.00	2,145.10
Meeting expense	150.46	0.00	0.00	150.46
Dues and memberships	0.00	2,414.75	0.00	2,414.75
Equipment rental and maintenance	2,345.40	0.00	2,345.40	0.00
Professional fees	0.00	26,772.50	0.00	26,772.50
Payroll service charges	1,900.73	100.04	0.00	2,000.77
Advertising	0.00	45.32	544.66	589.98
Miscellaneous	(23.88)	(436.80)	0.00	(460.68)
Licenses and permits	699.00	5.00	0.00	704.00
Fundraising expenses	0.00	0.00	8,962.28	8,962.28
Total expenses	621,959.78	37,967.61	12,006.94	671,934.33

Statement of Cash Flows

for the year ended June 30,2017

2017

Change in net assets	6,963.78
Adjustments to reconcile change in net assets to net cash provided by operating activities	
Depreciation	22,201.92
(Increase) decrease in:	
Accounts receivable – grants and contracts	785.40
Prepaid expenses	(6,076.79)
(Increase) decrease in:	
Accounts payable	(789.69)
Accrued payroll and taxes	(8,994.00)
Net cash provided by operating activities	14,090.62
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchases of property and equipment	(2,950.00)
Net cash provided by (used in) financing activities	(2,950.00)
INCREASE IN CASH AND CASH EQUIVALENTS	11,140.62
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	128,393.93
CASH AND CASH EQUIVALENTS, END OF YEAR	139,534.55
SUPPLEMENTAL DATA:	
Interest paid	0.00
Income taxes paid	0.00

2016 Revenue and Expenses for the year ended June 30,2017

Four year average

,	Program Services	Management and General	Fundraising	Total
Support and Revenues				
Grants and Contributions				555,705.00
Donated Services and Rent				135,079.75
Donated Pharmaceutical Supplies				38,239.25
Program Service Fees				7,586.00
Special Events Revenue				9,462.75
Interest Income				42.50
Miscellaneous Income				4,790.75
Total Support and Revenues				750,906.00
Functional Expenses				
Donated Services and Rent	128,972.00	4,120.00	1,631.00	134,723.00
Salaries and Wages	289,308.00	2,186.25	0.00	291,494.25
Subcontract Labor	24,965.75	1,272.00	0.00	26,237.75
Payroll Taxes	23,990.75	301.50	0.00	24,292.25
Clinic	6,349.00	0.00	0.00	6,349.00
Educational Training	652.00	0.00	0.00	652.00
Pharmacy Expense	100,836.75	0.00	0.00	100,836.75
Volunteer Recognition	2,624.00	0.00	0.00	2,624.00
Office Supplies	4,504.00	633.25	0.00	5,137.25
Printing 3,078.50	0.00	0.00	3,078.50	
Telephone	6,062.25	0.00	0.00	6,062.25
Occupancy	34,401.00	3,822.50	0.00	38,223.50
Travel 1,261.50	50.50	0.00	1,312.00	
Medical Supplies	5,523.00	0.00	0.00	5,523.00
Technology	13,593.50	0.00	0.00	13,593.50
Postage	870.25	97.00	0.00	967.25
Depreciation	12,716.75	1,412.75	0.00	14,129.50
Insurance - General	7,190.25	0.00	0.00	7,190.25
Translation Expense	948.50	0.00	0.00	948.50
Meeting	732.50	0.00	0.00	732.50
Dues and Subscriptions	0.00	3,869.00	0.00	3,869.00
Equipment Rental and Maintenance	4,625.25	0.00	0.00	4,625.25
Professional Fees	12.50	18,718.00	517.50	19,248.00
Payroll Service Charges	4,443.75	233.75	0.00	4,677.50
Advertisitng	25.00	635.75	1,172.75	1,833.50
Bad Debt Expense	1,859.00	0.00	0.00	1,859.00
Miscellaneous	243.75	575.50	278.50	1,097.75
Licenses and Permits	228.25	100.00	0.00	328.25
Interest Expense	0.00	4.25	0.00	4.25
Total Expenses	680,017.75	38,032.00	3,599.75	721,649.50
Change in Net Assets				29,256.50

Note 1 Nature of Activities

Reach Out of Montgomery County (the Organization) is a non-profit organization exempt from federal income taxes under Section 501 (c) (3) of the Internal Revenue Code.

The Organization provides health care to those who cannot afford to pay for quality health care services in Dayton, Ohio and surrounding communities. The Organization is funded primarily through grants and donations.

Note 2 Significant Accounting Policies

This summary of significant accounting policies of Reach Out of Montgomery County is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of the Organization's management who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis.

Basis of Presentation

The Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures.

Accordingly, actual results could differ from those estimates.

Inventory

Inventories are valued at average cost, not in excess of market.

Property and Equipment

Property and equipment are stated at cost. Depreciation of property and equipment is provided using accelerated and straight-line methods at rates based on the following estimated useful lives:

Years
Equipment 5
Furniture and fixtures 7

Gains and losses on disposals of property and equipment are reflected currently in revenue. Maintenance and repairs are charged to expense at the time the expenditure is incurred. Replacements and betterments, which significantly lengthen useful lives, are capitalized.

Income Taxes

The Organization is a not-for-profit organization that is exempt for income taxes under Section 501(c)(3) of the Internal Revenue Code. The federal tax returns of the Organization for the years ending 2017, 2016, 2015, and 2014 are subject to examination by the IRS, generally for three years after they were filed.

Cash and Cash Equivalents

For purposes of the statements of cash flows, cash includes cash equivalents, which are time deposits, certificates of deposit, and all highly liquid debt instruments with original maturities of three months or less.

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence or nature of any donor restrictions.

Donated Services and Rent

During the year ended June 30, 2017, the value of donated services and rent meeting the requirements of recognition in the financial statements was \$146,804 for subcontract labor and free rent of space used for the central clinic location, respectively. In addition, many individuals volunteer their time and perform a variety of tasks that assist the organization at the clinic facilities. The value of these volunteer services is not reflected in the accompanying financial statement since there is no objective basis available by which to measure the value of such services.

Functional Allocation of Expenses

The costs of providing the various programs and activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Note 3 Operating leases

Facility Lease

The Organization leases clinic and administrative space on a month-to-month basis. Rent payments are \$1,583 per month. Rent expense for the year ended June 30, 2017 was \$19,000.

Konica Bizhub

The Organization leased a Bizhub on a 60-month lease for \$195 per month that commenced in May 2013. Lease expense for the year ended June 30, 2017 was \$2,340.

Future minimum lease payments are as follows:

Year ending June 30:

2018 2,145 Total minimum future rentals 2,145

Note 4 Concentration of Credit Risk

Financial instruments, which potentially subject the Organization to a concentration of credit risk, consist principally of cash and cash investments. At times, such investments may exceed federally insured limits. The Organization manages this risk by using high-credit-quality financial institutions.

Note 5 Cash Held by Others

The Organization has funds available that are in the control of another non-profit organization. The other non-profit will pay program-related expenses of the Organization, from the funds, upon request. Funds held and controlled by other organizations are not considered to be readily available cash, or cash equivalents of the organization for which they are held.

