

Agape Respite Care

Strategic Plan

[2020-2023]



Agape Respite Care, Inc.

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Berne, Indiana 46711

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Berne, Indiana
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*In as much as you have done it for one of the least of these
brothers of mine, you have done it unto me.”*
-- Matthew 25:40

Initial draft prepared by Michael Burns Consulting, L.L.C.,
under the auspices of Indiana Youth Institute.



Executive Summary

Mission

Agape Respite Care is committed to providing family support services and care for persons of all ages who have physical and intellectual disabilities to enable them to remain in their chosen community.

History Highlights

Founded in 1990 as a mission of the First Mennonite Church of Berne, the organization has grown steadily as the awareness of the services has spread. Respite services began in 1992, providing care for children with disabilities during the day and evening at the Agape House at 415 W. Franklin St., Berne, IN. Soon, Agape began offering in-home respite and overnight care. Agape Respite Care -- noting that disability occurs also due to accident, illness, or aging -- expanded their services to life span respite serving seniors as well as children.

After formally applying to become an independent non-profit organization in 1999, Agape Respite Care moved into the custom-designed Agape House facility in July 2002. Since then, the program received national, and more recently international, recognitions for quality of care and leadership, all while keeping the focus on the guest and providing a home-like, safe place that families and guardians can trust.

Program Overview

Respite care gives short term temporary care to persons whose disabilities are such that they need continual assistance 24-hours a day. Having access to respite care allows caregivers – most often families – an option for times when they need a break or have tasks that require them to find a safe and caring setting for their disabled loved one for a few hours up to several days. It also opens up the isolation such caregiving creates. Guests primarily come from Indiana communities within a 50-mile range of Berne.

Goals

- *To continue to provide excellent, individualized care in a responsible and appropriately funded manner.*
- *To seek and welcome a diverse, sustainable funding base for programs and an expansion of the current home.*
- *To recruit and retain outstanding administrative and direct support professionals to maintain continuity of care.*
- *To continue to engage community support by promoting and providing for the needs of Agape.*

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Situation Analysis

1.1. Mission

Agape Respite Care is committed to providing family support services and care for persons of all ages who have physical and intellectual disabilities to enable them to remain in their chosen community.

1.2. Services Description

Agape Respite Care, Inc. is an independent, Christian non-profit organization providing respite and resources to families who have a member with a disability. It is supported by area churches, community services, private donations and volunteers. The staff is comprised of full time and part-time direct support professionals.

Respite care gives short term temporary care to guests for the purpose of providing relief to the parent or primary caregiver. By helping with the on-going demands of caring for a family member with special needs, this care can be crucial to allowing families to continue to stay together.

As a lifespan respite program, Agape does not limit the age of those persons who participate as guests.

Agape is a state-approved respite care provider under the Caregiver Support Program, as well as Indiana's Medicaid waivers, FSA and CIH CHOICE program. Agape services are also eligible under Medicaid waivers for such covered conditions as autism, development



disabilities, traumatic brain injury, and aged / disabled. For families not on a state subsidy program, fees are based on a sliding scale according to household income.

Care can be scheduled from a minimum of 2 hours to up to a maximum 24-hour stay of 10 consecutive days and 9 nights.

Service provided by Agape's trained staff include attentive, one-on-one or small group care for persons who require:

- Gastronomy Tube Feedings
- Communication
- CPR /First Aid and Universal Precautions care

In-home care is also available within a 30-mile radius of Agape House in Berne, Indiana after direct service providers of the family's choice have completed special training.

1.3. Organization's History

Year	Actions
1990-1991	Preparation stage (work on house to get it ready, raise initial funds, get program envisioned, enlist support) Early funders included Robert Wood Johnson Faith in Action grant, Mission Festival, and First Mennonite Endowment Fund
1992	Franklin Street House opens, Agape established Services offered during day and into evening hours
1993	Hired first fulltime caregiver
1994	Offering 24-hour care / up to three days stay
1995	Jennifer Tschannen added as fulltime employee Taco stand – 1 st Agape Respite fundraiser Indiana BDDs first approved Agape as respite provider
1998	Roberta “Bertie” Lehman goes fulltime
1999	Incorporation approved
2000	First Kinship Carnival Dance classes offered Started Capital Campaign for new house
2001	Broke ground for new facility
2002	Received organization's own 501c3 not-for-profit status. Approved for Ohio Medicaid waiver July -- New facility opens; Indiana First Lady Judy O'Bannon speaks at dedication Offer 24-hour / maximum 10-day stays
2003	Earned first accreditation status
2004	Agape Sports League starts June -- Playground established IMA initial involvement
2006	Advisory board created Barney Habegger died – a great contributor Selected as one of 26 recipients statewide of Indiana Youth Institute Compassionate Capital federal capacity building grant President signs National Respite Care law
2007	April – First annual Abilities Expo First music class
2016	Agape explores and declines merger with Swiss Village
2017	Sherrie Kizer becomes new executive director; Bertie Lehman becomes part-time development director
2018	Jennifer Tschannen becomes Agape's longest serving employee
2019	Accreditation renewed. Recognized nationally as innovative and exemplary agency at ARCH Conference in Buffalo, NY

1.4. Market Analysis

1.4.1. Target Markets

- Families of persons with disabilities
- Adult persons with disabilities themselves
- Health Care advocates for persons with disabilities
- Agencies (esp. serving child welfare and elderly) seeking respite care for abused persons with disabilities

1.4.2. Market Analysis

- Price compared to other options for care
- Availability of services
- Quality of service available
- Distances guests' families are willing to drive to receive services



1.4.3. Demographics

- Adams, Wells, Huntington, Jay counties, (with some guests also coming from Allen and Blackford counties in Indiana).
- About 46,546 individuals under age 65 are persons living with disabilities.
- Within the total number of disabilities, a subset estimated at more than 4,000 lives with disabilities that require full-time assistance.

1.4.4. Trends

- Better medical treatment has extended the survivability of persons with serious disabilities.
- Aging Baby boomers mean more older adults will need respite care.
- Autism spectrum disorders are increasingly being diagnosed, with the need for respite services for families also increasing.

1.4.5. Opportunities

- Older teen and young adult care are not readily available
- Recreation opportunities for persons with disabilities are not readily available
- Aging of “baby boomers” will generate newly disabled who do not fit easily into the “nursing home” model for care of the disabled elderly
- In-home care is not readily accessible by the primarily rural / agricultural 4-county region.

1.4.6. Growth Potential

- Limited only by space and staffing

- Demand could easily double in the next 5 years
- In-home services also limited only by ability to supervise care quality

1.5. Alternative Providers

Options for respite care of family or loved ones with disabilities who **don't** utilize Agape services include:

- 1.5.1.** No respite care – family makes do with neighbors and extended family
- 1.5.2.** Chalet Village Nursing and Rehabilitation Center, Berne
 - Offer long-term respite of a month or more
 - Often understaffed
- 1.5.3.** Angel Corps (out of Fort Wayne with a Bluffton office)
- 1.5.4.** Daniel's Place (North Manchester)
- 1.5.5.** A Rosy Place (South Bend)
- 1.5.6.** Chiara Home (South Bend)
- 1.5.7.** ARC (Fort Wayne)
- 1.5.8.** Visiting Nurse Services (Fort Wayne)
- 1.5.9.** Lutheran Disabilities Outreach (especially the dinner and dance events for teens and young adults)

Other agencies offering related services

- 1.5.10.** All the participating agencies in the Abilities Expo



In 2002, Indiana First Lady Judy O'Bannon was on hand to celebrate the facility opening with then-Executive Director Roberta Lehman and the Agape team.

1.6. S.W.O.T. Chart

<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> ○ Won a national award. ○ Presentations at conferences. ○ Locally provides rest/respice for families. Reduces isolation and provides a network of support ○ A resource for families and guardians. Afterschool service allows parents to work ○ For the guest: provide inclusion, involvement, acceptance, safety, comfort, sports programming. ○ Great administrative staff! 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> ○ Hours are down from previous years. ○ There is not enough storage. ○ Building capacity is 4 overnights. ○ Board needs support to read and understand financials. ○ Limited levels of care for special disability needs. ○ Staffing capacity would be higher, if some are full time.
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> ○ Conferences ○ Opportunities to give ○ Education ○ Care, fun, friends ○ Happiness, trust ○ Fun for visitors who involve in programs. ○ Families can take vacations, work, have rest and renewal. ○ Broader service area could increase services and income. ○ Franchise the model. (We have had inquiries/interest.) 	<p style="text-align: center;">Challenges</p> <ul style="list-style-type: none"> ○ To not get too big, if we expand. ○ Don't lose family feel. ○ Knowledge of Agape services is not widespread. ○ Remain financially stable. ○ Balancing staffing with number of guests ○ Staffing (enough hours to be attractive) ○ Lack of employee benefits. ○ Space constraints (need a more secure meds room, training space, and storage, single occupancy bedrooms.)

1.7. Keys to Success

Agape's Values. The organization is committed to providing the following, within the context of a home-type atmosphere:

- Compassion -- to demonstrating love and concern in our relationships by responding to needs with kindness and sensitivity which honors the dignity and worth of others. (Christian embodiment of Matthew 25).
- Excellence -- to high standards of quality performance by seeking to do our best and strive beyond the expectations of the guests' families and guardians that we serve.
- Integrity -- to be honest, trustworthy, and accountable in relationships, decision-making and communication with respect for confidentiality.
- Stewardship -- to be responsible and effective in managing financial resources, property and materials.
- Teamwork – to value each person, affirming their gifts and abilities.
- Creativity -- to seek improvement through innovation, imagination and learning with flexibility and openness to new ideas and change.
- Joy – to cultivate an attitude that is positive, hopeful, appreciative, thankful and demonstrates enthusiasm in serving others.

Staff's dedication

- Executive Director and founder are widely understood to be totally committed to Agape and families of persons with disabilities.
- Direct Support Professional staff feels strongly about quality of service and importance of client care they provide.
- The staff considers itself a resource to serve as a skilled extension of the guest's family, providing supports so that the family can continue its care – “sometimes, we can be friends in the know.”

Quality home-style facility

- Respite House is up-to-date, clean, well-equipped.
- Space is adequate and appropriate for guests' needs.
- Accreditation is essential.

Berne community's culture of service

- Church groups very active supporters of Agape.
- Strong Mennonite presence in community sets tone of service to others.
- Community takes pride in having this unusual, innovative resource.
- High school students frequently volunteer to learn about career aspects.

1.8. Critical Issues

1.8.1. Demand for services will continue to grow beyond capacity to serve

1.8.2. Fund Development

- Social Service funding is always competitive
- Churches don't know of our need
- Area is primarily rural – farmers' markets vulnerable to global trade demands
- Local giving climate may be positive for a capital campaign

1.8.3. Impact of changes in Indiana funding formulations

- State has changed how funds are made available (modeled on premise that respite care is one-on-one in disabled person's home)
- ICAP and OASIS processes to forecast needs and make funds available could affect utilization of respite care

1.8.4. Access to Federal Funds

- Understanding of group settings for respite care not common at federal policymaking levels

1.8.5. Human Resources practices

- Recruiting and retaining qualified staff for part-time variability
- Finding time to conduct Staff Evaluations

1.8.6. Volunteer recruitment

- Board recruitment to fill open vacancies and replace long-term board members in orderly timeframe
- Events take volunteers – how to manage them?



After 18 years, Agape House may be approaching a time when new space is needed.

2. Financials

2.1. Potential New Staffing Model

The challenge for Agape Respite that is inherent in the reimbursement models for staffing and welcoming guests continues to limit the organization's ability to balance income and expenses while serving guests most effectively. The house services do not match well with the state-funding assumption of one-on-one in-home. In some situations, it would be appropriate at Agape Respite to care for guests with ratios of 1 staff to 2 or 3 guests. Reimbursement, however, does not allow for increases in income for those situations. Meanwhile, new state required check-in systems are likely to cause new challenges for staff during 24-hour care guest visits.

The board and staff discussed an exploration in 2020 of other staff scheduling models used in other small "med/surg" settings. Staff proposed exploring using on-call scheduling, similar to Bluffton Hospital and emergency rooms. If current trends continue, relying on Medicaid will become less practical in the future.

The Executive Director and her staff are empowered to form an ad hoc team to prepare a proposal for board consideration of new models for staffing and scheduling that will allow for increased service hours and persons served while also increasing consistency and stability between the part-time and full-time staff. This proposal will also explore potential innovations in employee benefits beyond the typical packages.

2.2. Funding Objectives

2.2.1. Revenue Sources:

- Government Fee-for-Service Revenue as a percent of Breakeven amount: 30%
- Private/Endowment/Grants/Donation Revenue as a percent of Breakeven amount: 70%

2.2.2. Expenditures:

- Monthly Operational Expense Budget: 85%
(includes staff, services, facility expenses, transportation, supplies)
- Fund Development Expense Budget: 15%
(includes special events, volunteer/community relations, grant writing, building endowment, conducting annual fund)

3. Sustainability Strategy

3.1. Development Objectives:

- 3.1.1. To reverse current funding from 80% government dependent and 20% private sources by the year 2023.
- 3.1.2. Increase endowment from \$60,000 to \$3 million
- 3.1.3. Protect and be good stewards for benevolent fund
- 3.1.4. Increase fundraising to achieve monetary goals

3.2. Potential Funding Sources

- 3.2.1. Foundations
- 3.2.2. Endowment
- 3.2.3. Church gifts
- 3.2.4. Private donors / Annual Fund gifts
- 3.2.5. Special Events

3.3. Resources for Action

- 3.3.1. Grant writing by staff and contracted services, with support from volunteers
- 3.3.2. Community support (esp. fundraisers)
 - Talk to Ministerial Association for the 2-county area churches to invite more of them to consider Agape for home missions support, or gifts from missionary festivals, etc.
 - New special events -- possibility of a golf outing; celebrity / charity auction; Amish craft & farmers market; approach various retailers for percentage of sales for a day (“Agape Day”)
- 3.3.3. Implementation team
 - Board will take lead in raising funds for Endowment, from private donors, and Marketing Plan development
 - Staff and contract grant writer would take lead on submitting operational grants, compiling case statement and success stories for publicity
 - Board and advisory board will provide needed volunteer person-power and donated resources for special fundraising events

3.4. Marketing plan (both operations and capital campaign)

- Approach media/social media to get story out (e.g. United Way PR campaign uses Agape as news item)
- Market, not exploit, baseball league – especially contact Fort Wayne Tin Caps and Indianapolis Indians to “adopt” us for special region-wide fundraising activities

- Contact area colleges and universities about inviting students to develop marketing plan as a class project (Huntington U., PFW, Taylor, Ball State, IU School of Philanthropy in Indianapolis)
- Contact a corporation or business to sponsor marketing activities per plan

Additional Identified activities that align with Agape interests and values

- Thank-a-thon phone bank campaign
- Annual Fund Campaign
- Outreach to area churches
- Outreach to area colleges
- Bowl-a-thon
- House Party
- Golf Outing
- Inviting Planned Giving / Bequests

Timeline / Milestones

- Set calendar for tactics to be implemented
 - Thank a thon
 - Annual Fund
- Plans for each tactic need to be mapped out separately.
- Contacts and mailing list database will need to be developed.

4. Controls

4.1. Privacy and Publicity Issues

- HIPPA
- Family goodwill needs to be preserved and protected
- Single occupancy for ambulatory guests and by gender

4.2. Communication Avenues and Access

- Personal presentation (word-of-mouth essential)
- Churches – strong potential for support
 - Board members have contacts with Ministerial Alliances
 - Only a few congregations have been invited to give so far
- Internet
 - Website (www.agaperespice.org)
 - Facebook page
- Media – story is quite compelling and mostly unknown right now
 - *Decatur Democrat* (newspaper)
 - *Bluffton News-Banner* (newspaper)
 - *Fort Wayne Journal Gazette* (newspaper)
 - *Marion Chronicle-Tribune* (newspaper)
 - WBCL (radio 90.3)

4.3. Implementation Team

- Team roles need to be defined
- Team members need to be identified
 - Board and Advisory Board are involved, but may be others in community who would be willing to volunteer for specific tasks
 - Family members of guests may be able to, or be glad to, participate
- Training needs to be identified aligned to the fundraising activities

5. Appendix

- A) Board membership list
- B) Board Member Roles & Responsibilities with Board member Pledge
- C) Executive Director Plan of Action (Transition -- 2019)
- D) Strategic Visioning exercise results
- E) PowerPoint slides from Nov. 23, 2019 board retreat

Agape Respite Care Board of Directors

Randall Beer	Agape Board President	589-2193	Berneplanning@comcast.net
James Buckingham	Secretary/Treasurer	589-3525	buckinghamj1952@gmail.com
Chris Gilbert	2782 Forrest Ridge Cot. Berne, 46711	525-8583	chadandchris@comcast.net
Teresa Conrad	9202 NW Winchester Rd. Decatur, 46733	417-4966	tconrad3@juno.com
Amy Tumbleson	786 Westlichstrasse, Berne, 46711	589-3464	atumbleson@poseidonbarge.com
Landon Smith	275 Parkway Street, Berne, 46711	525-0169	lksmith79@gmail.com
Open			
Open			
Ex officio: Sherrie Kizer, Exec. Director	298 Emmental Drive, Berne, IN, 46711	589-3351	skizer.agape@embarqmail.com

Guidelines for Selection of Agape Respite Care Board Members

Agape Respite Care, Inc. is a Christian service committed to assisting families who have infants, children youth and adults with disabilities or chronic health conditions. The Christian faith and love for all God’s people impels Agape to care for those who want and need special care on a temporary basis throughout their life span.

The respite and support services are offered to primary care givers to assist them in a renewing of their body, mind, soul and spirit.

These guidelines will be used in selecting directors. Directors of local organizations should reflect the values of the Christian faith and support these values in the organizations they serve as well as in their daily life.

Persons nominated to serve as members of the Board of Directors of Agape Respite Care, Inc. shall meet the following criteria:

- Be people of integrity and good reputation in the communities in which they live.
- Have a skill or area of interest which will benefit the organization.
- Commitment to regular attendance at meetings of the Board of Directors.
- Live and articulate their faith in ways that bring hope and peace.
- Demonstrate compassion and a desire to understand the needs of people with disabilities and the subsequent needs of their families.

Board Member Roles and Responsibilities

As a member of the Board of Directors for Agape Respite Care, Inc., I agree to meet certain standards of conduct in fulfilling my responsibilities to the organization. These standards are outlined below.

- Duty of Obedience**
Obedience to the organization’s central purposes must guide all decisions. The board must also ensure that the organization functions within the law, both the “law of the land” and its own bylaws and other policies.
- Duty of Care**
Board members must exercise due care in all dealings with the organization and its interest. This includes careful oversight of financial matters and attention to issues that are of concern to the organization and raising questions whenever there is something that seems unclear or questionable.
- Duty of Loyalty**
Conflicts of interest, including the appearance of conflicts of interest, must be avoided. This includes personal conflicts of interest or conflicts with other organizations with which a board member is connected.
- Duty of Transparency**
Board members have an obligation to ensure that their organization is appropriately transparent in its operations. As a non-profit organization, this entails the filing of IRS form 990 or 990-PF and other appropriate informational and tax returns which are required to be made public.

Board Member Pledge

As a board member of Agape Respite Care, I am fully committed and dedicated to the success and sustainability of the organization and have pledged to carry out its mission. I understand that my duties and responsibilities include, but are not limited to, the following:

1. Accepting the bylaws and operating principles of the organization and understanding that I am morally responsible for the health and well-being of this organization.
2. Supporting the organization’s mission, purposes, goals, policies, and programs, while knowing its strengths and needs.
3. Preparing for and attending board meetings, being available for phone consultation, attending at least two activities or programs of the organization each year and participating on ad hoc committees as needed.
4. Abiding by the policies for how the organization governs itself and all decisions passed by board votes.

5. Suggesting possible nominees to the board who are men or women of achievement who can make significant contributions to the work of the board and the progress of the organization.
6. Serving the organization as a whole rather than any special interest group or constituency.
7. Avoiding even the appearance of a conflict of interest that might embarrass the board or the organization, and disclosing any possible conflicts to the board in a timely fashion.
8. Making an annual gift to the organization in the ways that are best suited for me. This may include individual solicitation, undertaking special events, writing mail appeals, hosting informational sessions, providing sponsorship, placing participants in the organization's programs, etc.
9. Signing a personal statement of affirmation regarding conflict of interest as noted in the organization's by-laws.

*In signing this document, I am making this statement in good-faith
along with the other board members.*

*We trust each other to carry out the above agreements
to the best of our ability.*

Signed _____

Date _____

EXECUTIVE DIRECTOR PLAN OF ACTION

DAILY

- Communication – phone, e-mail, mail, in person
- Scheduling / Scheduling In-Take interviews
- Check program operation
- File with in 24 hrs. any incident report

WEEKLY

- Record money received
- Write Thank You Notes
- Sign requisitions and checks for bills
- Write, Review & Update Care plans
- Write Risk Plan, Review & Update
- Follow up on any filed incident report

BI-WEEKLY

- Verify Payroll and Bonus with Jennifer

MONTHLY

- Summary Reports to case managers
- Review of financial results
- Review of services provided
- Research and develop training for staff
- Update web site

EVERY OTHER MONTH

- Agenda for Board
- Minutes
- Director's Report for the board
- Contact families regarding any change in health status
- Complete Power Point for staff training
- Develop competency test of material

QUARTERLY

- Review staff performance objectives
- Provide quarterly input to case managers for PCISP meetings

EXECUTIVE DIRECTOR PLAN OF ACTION

ANNUALLY

- Budget reviewed and set for coming fiscal year
- Strategic plan reviewed
- Review of governance policies
- Cultural Competency / Diversity Plan reviewed
- Review of Leadership & Succession Plan
- Audit Reviewed
- Insurance Review
- Personnel Training in Health / Safety Practices
- Incidents Reviewed / Written Analysis
- Comprehensive external health & safety inspection
- Assessment of personnel competencies
- Review of all job descriptions
- Performance evaluations of personnel
- Review of personnel policies
- Rights are given annually to persons served
- Satisfaction survey
- Review of formal complaints/ grievances and appeals to define trends and areas for performance improvement.
- Written accessibility status report
- Performance Analysis
- Review of scope of services
- Review of prevailing wage studies

AS SCHEDULED

- Public speaking to promote Agape Respite Care
- Interviews with the media
- Annual Case Conference reviews for consumers
- Health Fairs/ disability Expo / Community Events
- Conference presentations
- Tours of Agape Respite Care

PROGRAM DEVELOPMENT SCHEDULE

- Buddy Bowling (February –April)
- Summer Adventures in Learning (March – August)
- Agape Sports League Baseball (May – July)

What we want to see when we arrive in 2023:

- Expanded staff fulltime benefits
- No kitchen Hall door
- Franchise model (Daniel's House)
- Financially Stable
- Resurface Parking lot & ADD
- Sound proof offices
- Basement for storage
- Be exemplary & innovative (national award)
- Another living room
- Separate bedrooms for each guest
- Broaden service area to increase income
- Single-occupancy bedrooms
- Secure Meds room
- Bigger parking lot
- Positive budget each month
- Lucrative endowment
- Families talking out front (networking)
- Case managers present
- Storage shed
- More staff
- Larger facility
- Updated staffing model for efficiency
- Expanded building with storage and extra bedrooms to generate income with basement under new bedrooms
- Franchising
- Model Jesus' servanthood
- Adequate staffing
- Still feels like family
- Knowledge of Agape services
- Inclusion
- Involved
- Family renewal
- Family unity
- Rest
- Comfort
- Family
- Respite
- Fun time for kids
- Active sports league
- Opportunity for family to work, vacation
- Safe place for guests
- Comradery, fun times
- Time for family
- Safety
- Loved
- Happy
- Safe
- Rest for family of guest
- Fun for visitors at Agape
- Trust
- Happiness
- Caregiving
- Friendship & fun
- International conference
- Acceptance
- Have to watch out that we do not grow larger than we can service
- Too big – lose family feel
- Getting too big
- Resource for others
- Be an example (model)
- Community opportunity to give
- Community opportunity to learn
- Sense of inclusion
- State impact: be an example
- Nation impact: Share our story at conferences

[Planning Day PowerPoint goes here]