

Nonprofit Basics: Strengthening Organizational Capacity

# Managing Nonprofit Financial Operations

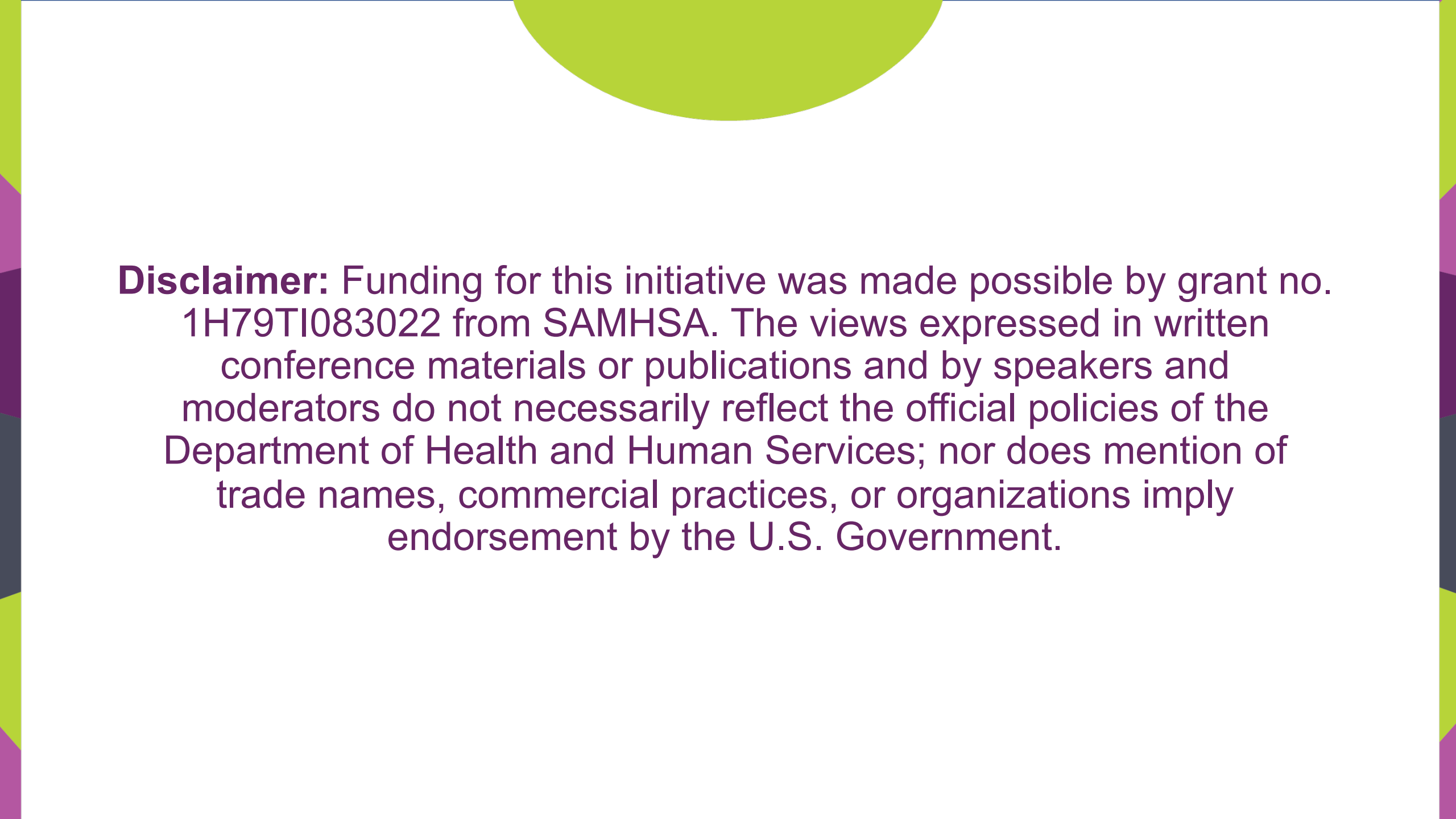
## Session 1 of 2

5/2/23, 1-2:30pm ET/ 12-1:30pm CT/10-11:30am PT

Amy Brinkley, CRS/CHW, CAPRCII



***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration



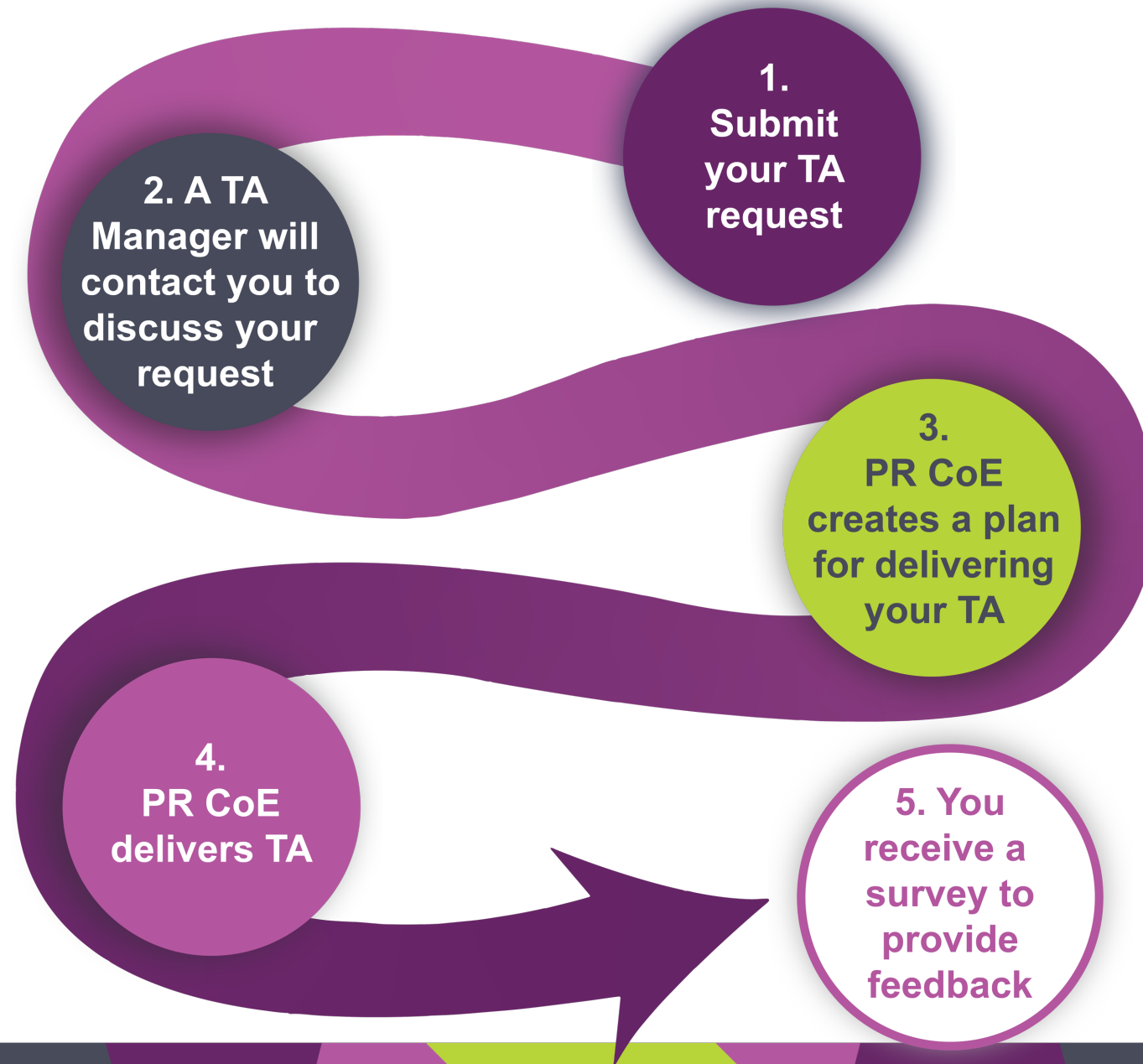
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If we want addiction destigmatized, we  
need a language that's unified.

The words we use matter. Caution needs  
to be taken, especially when the disorders  
concerned are heavily stigmatized as  
substance use disorders are.

# Technical Assistance Request and Delivery



# Housekeeping Notes

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- Please mute yourselves when the presenter is speaking.
- When you speak, please identify yourself by name and work area to help others recognize you.
- During the presentation, submit questions and feedback in the chat box.
- You will receive the slides for this presentation via email.
- We value your feedback! If an evaluation link is provided at the end of the presentation, please submit your response within 1-2 days.



## Description

In this session, participants will delve into financial management and how to effectively oversee financial operations.

## Learning Outcomes

Learn about the foundation and importance of nonprofit finance and how peer-run organizations maximize effectiveness and sustainability when making financial decisions.

## Learning Objectives

1. Discover the importance of operating a nonprofit with a financial focus.
2. Understand how to read balance sheets and make decisions.
3. Recognize how nonprofit Recovery Community Organization (RCO) professionals utilize financial operations to promote sustainability.
4. Understand the importance of data in building capacity for peer run organizations.

# Agenda

1. Introduction
2. Level Setting
  - a) Part 1 – Needs Assessment
  - b) Part 2 – Optimizing Recovery Funding
  - c) Part 3 – State of the States
3. Homework Assignment

RCO= Recovery Community Organization



# 1. Introduction



# Introduction

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Amy Brinkley CRS/CHW,  
CAPRCII



# Audience Introductions

(Put in chat)

- Your Name
- Your Organization
- Your Title
- Type of Organization You Work For
- State You Are Calling In From





# Level Setting - Part 1

## Needs Assessment

# Level Setting - Part 1, RCO Needs Assessment

**Recovery Community Organizations (RCOs)** are grassroots, independent, nonprofit organizations, founded and led by the local recovery community. RCOs help individuals build their recovery capital\* in their natural environment, in the community.

**PRCoE:** To support the growth and expansion of the peer workforce, the PR CoE helps increase the prevalence and capacity of RCOs. Not only are RCOs the primary source for Peer Recovery Coach/Peer Recovery Specialist training like the Recovery Coach Academy, they, are also key employers of peer recovery support professionals.

## **Recovery Capital**

The breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from alcohol and other drug problems. (Granfield and Cloud).

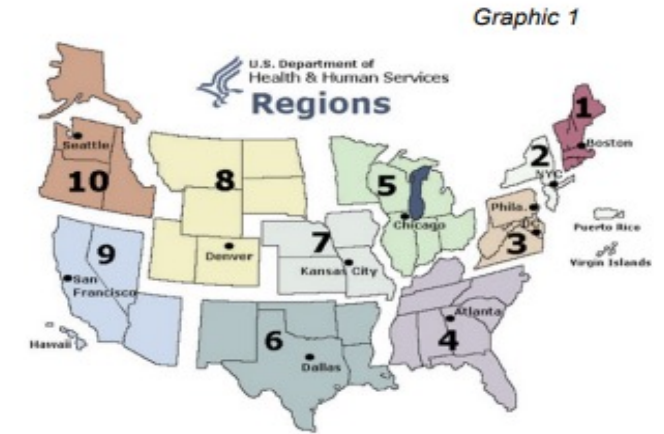
Recovery Capital may be grouped into four categories - **internal:** human and physical; and **external:** social and cultural.

**National Drug Control Strategy report (2020)** emphasizes the need for community-based strategies to increase continued care and recovery support in the community. By building the capacity of RCOs, we increase the communities' recovery capital and the necessary resources to facilitate and sustain the recovery process.

# Level Setting - Part 1

## RCO Needs Assessment (August 2021)

- Digital survey sent out to 210 RCO's (almost every RCO in nation) in Jan - Feb 2021
- Respondents were asked to rate their level of need in 8 areas including financial management and funding and a 34% response rate was achieved.
- Funding was the top need with 82% identifying this as a need and financial management was ranked at 32% which was in the bottom 3 needs identified by RCO's.
- **Focus groups revealed** - (key things worth noting - non exhaustive list):
  - **ALL** interviewees expressed **inadequate funding** and **insecurity about future funding**
  - **Most of the funding comes from government funding**
  - Significant competition among existing RCO's
  - **Few RCO's have healthy diversified funding streams**
  - RCO's in some state's cant' bill Medicaid – some can (reimbursement rates are low)
  - RCO leaders don't fully understand pros/cons of Medicaid reimbursement
  - No national standard around peer wage reimbursement
  - Most RCO's don't have enough staff – peer staff required to perform admin duties in addition to providing peer support and need additional training.



### 8 Themes Consistently Presented

1. Passion/Sense of Ownership
2. Funding and Sustainability
3. Billing and Generating Revenue
4. Staffing
5. Stigma
6. Misunderstandings
7. Silos
8. Gaps in Rural Areas



# Level Setting - Part 1

## RCO Needs Assessment (August 2021)

### Key Observations

#### (Passion/sense of ownership)

- Majority of RCO's started by people with lived experience
- People with lived experience are the 'right' people to lead RCO's
- RCO leaders need more self care, support, training, and resources
- Burnout rates are high due to lack of adequate sustainable funding, staffing, and training
- Immense personal investment of time and money to launch RCO's

### Key Observations

#### (Funding and sustainability)

- Nationally RCO's are underfunded
- Most of funding for RCO's come from government grants
- Federal funding getting to the states but not always reaching community level
- Competition among RCO's and other nonprofit community organizations
- Very few RCO's have healthy diversified funding streams
- Many RCO's lack funding to hire volunteer coordinators



# Level Setting - Part 1

## RCO Needs Assessment (August 2021)

### Key Observations

#### (Billing and Generating Revenue)

- Not every state allows RCO's to bill for peer support services
- Some states added peer support to Medicaid but discontinued funding in block grant for RCO's and Peers
- Some RCO's have contracts with hospitals and other organizations to bill for peer support
- No national standard for wages for peer workers
- Many RCO's who qualify for Medicaid reimbursement rates state it's not enough to provide peers a living wage
- RCO's don't a full understanding of the pros/cons of Medicaid reimbursement

### Key Observations

#### (Staffing)

- Most RCO's don't have enough staff
- Peer support workers are required to perform administrative or operational roles in addition to direct service work
- The skills needed to run and support an RCO are broad and diverse, they include soft skills, writing skills, data collection, and proficiency in technology, leadership skills etc.
- Staff and volunteer peers are susceptible to burnout.



# Level Setting - Part 1

RCO Needs Assessment (August 2021)



**Capacity Building needs exist in the following areas  
(listed highest to lowest priority)**

1. **Funding**
2. Community and Stakeholder Engagement
3. Volunteer Management
4. Evaluation
5. Leadership Development
6. Financial Management
7. Boards and Governance

## Audience Questions

1. Anything surprising?
2. What stands out to you?





# Level Setting - Part 2

## Optimizing Recovery Funding

# Level Setting - Part 2

## Optimizing Recovery Funding

### Volume 1

Volume 1 reviews the methods, findings, and recommendations from a national assessment of the challenges and successes experienced by organizations in the ecosystem of recovery in **securing sustainable funding**.

### Volume 2

Volume 2 reviews the methods, findings, and recommendations from the analysis of **how states allocate funding** to organizations for recovery support services (RSS).

<https://peerrecoverynow.org/documents/orf.1.2023.volume1-2.pdf>



# Level Setting - Part 2

## Optimizing Recovery Funding

### VOL 1 – Key Findings

- 1) Federal grant applications are highly complex, and organizations do not receive useful feedback or resources on how to improve their submissions.
- 2) Requirements for the receipt of federal funding often necessitates resources for organizational grant administration, which are not allowable expenses in the grants.
- 3) Organizations primarily serving underserved and minoritized communities feel excluded from existing funding opportunities.
- 4) Existing funding streams often have restrictions that limit their utility in supporting the implementation of recovery support services, requiring diversified funding for sustainability

<https://peerrecoverynow.org/documents/orf.1.2023.volume1-2.pdf>



# Level Setting - Part 2

## Optimizing Recovery Funding

### Vol 1 - Recommendations

- 1) SAMHSA should reduce the complexity of the grant process and provide feedback and customized support for recovery community organizations and peer-run organizations to build their capacity to win grants.
- 2) Federal and state funding agencies should provide greater flexibility in the allowable use of funds, a longer time period in which to spend the funds, more information about recovery funding opportunities, and additional resources for community recovery organizations.
- 3) Funders should develop inclusive and culturally responsive funding opportunities that take into consideration the unique needs of historically underserved communities, such as the fact that data may be lacking for such communities.
- 4) Funders should support funding for recovery organizations' entire portfolio of recovery services and reduce the administrative burden of grants management to provide time and space for these organizations to focus on sustainability

# Level Setting - Part 2

## Optimizing Recovery Funding

### Vol 2 – Key Findings

- The 32 state respondents reporting full financial information spent \$412M on RSS from substance abuse block grants, discretionary grants, and state appropriations. This funding was spent on six categories of recovery support services in fiscal year 2022. When extrapolated to all 50 states (using per capita averages), this represents an estimated \$718M nationally.
- Recovery community organizations were the organization type identified by most states as providers of RSS, followed by substance use disorder treatment organizations, and then mental health treatment organizations, community health centers, educational institutions, and a large mix of other organizations. In review of total funding allocated, treatment providers received approximately 2.5% more funding for RSS than recovery community organizations did.
- Both community and government stakeholders noted the need for clear reporting requirements and standardization of definitions of recovery support services in order to adequately track and report what was offered to whom and with what effect.
- The analysis identified the need for additional efforts to reach and support peer-led community-based organizations, especially among Black, Indigenous, and People of Color; Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit (LGBTQ2S+); rural; and other underserved populations

<https://peerrecoverynow.org/documents/orf.1.2023.volume1-2.pdf>



# Level Setting - Part 2

## Optimizing Recovery Funding

### Vol 2 - Recommendations

- States should report to SAMHSA the amount of money from substance abuse block grants and other discretionary grants spent on recovery support services, in broad domains that reflect the expenditures.
- Funding agencies should develop approaches to expand and diversify the applicant field in order to better match community needs, address gaps, and build capacity to apply for and manage grants, especially for previously unfunded and underrepresented organizations.
- States should establish and increase opportunities for training, technical assistance, toolkits, and learning collaboratives, specific to funding recovery support services.
- SAMHSA should initiate a consensus process to develop a taxonomy of recovery support services that is useful for reporting performance and outcomes.
- SAMHSA should initiate a follow-up to the systematic review of evidence on recovery support services presented to the SAMHSA Recovery Research and Evaluation Technical Expert Panel in 2018.
- The Office of Recovery in SAMHSA should clarify and communicate the vision for recovery support services, including distinctions as applicable between mental health and substance use disorders

<https://peerrecoverynow.org/documents/orf.1.2023.volume1-2.pdf>



# Level Setting - Part 2

## Optimizing Recovery Funding

### Defining the Ecosystem of Recovery

The original priority population of this assessment was RCO leaders. With guidance from the SME panel, this focus was expanded to include leaders of any organization in the ecosystem of recovery. Five core pillars describe the ecosystem of recovery: save lives, engage community, expand treatment, screen for and prevent substance use disorder, and support recovery (Lawrence, 2021).

This ecosystem includes recovery community organizations, recovery community centers (RCCs), peer recovery organizations, recovery housing, recovery high school and collegiate programs, recovery peer support, and recovery cafes (FAVOR, 2021). It also includes the micro, meso, and macro levels of an individual's recovery support system (Ashford et al., 2020).

**In short, RCOs, peer recovery organizations, or any other type of organization that provides SUD recovery support services are part of the “ecosystem of recovery,” regardless of whether the organizations meet the criteria for an RCO.**

# Level Setting - Part 2

## Optimizing Recovery Funding

**Table 4. RSS/RCO Spending by Source (\$ in millions)\***

Source	SABG	Discretionary	Total Federal	State	Total*
Dollars	\$126.7 M	\$125 M	\$251.7 M	\$122.6 M	\$373.4 M
% Total RSS Spend	34%	33%	67%	33%	100%

*\* Due to one state reporting SABG and State funds together, that state has been removed from this chart, which is why the total reflects \$373.4 million rather than \$411.8 million.*



# Level Setting - Part 2

## Optimizing Recovery Funding

Region	Recovery Community Centers	Recovery Housing	Peer Recovery	Workforce Development	Recovery Support	Other	Total
Northeast	\$25,568,054	\$13,097,395	\$32,405,409	\$7,535,256	\$43,935,858	\$10,754,714	\$133,296,686
Southeast	\$11,125,671	\$27,624,828	\$17,812,449	\$1,508,408	\$31,693,774	\$6,865,276	\$96,630,406
Midwest	\$14,371,683	\$10,248,666	\$16,861,341	\$5,827,101	\$30,795,817	\$2,773,391	\$80,877,999
Southwest	\$3,701,346	\$6,390,593	\$4,000,000	\$650,000	\$19,251,332	\$2,987,619	\$36,980,890
West	\$7,912,700	\$9,054,826	\$6,621,309	\$1,841,000	\$30,421,235	\$8,200,400	\$64,051,470

***“They are so overwhelming”***

*Grant Applications and the Need for Training Organizations in the ecosystem of recovery cannot receive the benefits of federal funding if they do not know how to apply, or feel discouraged from applying, due to complexities in writing and submitting grants as well as the time needed to do so.*

# Level Setting - Part 2

## Optimizing Recovery Funding

*Table 1. Has your organization ever applied for funding directly from a FEDERAL or STATE government agency or department?*

	Federal Government			State Government		
	Independent RCOs/RCCs	Other Peer Organizations	All Organizations	Independent RCOs/RCCs	Other Peer Organizations	All Organizations
<b>No</b>	<b>N = 34</b>	<b>N = 26</b>	<b>N = 60</b>	<b>N = 16</b>	<b>N = 13</b>	<b>N = 29</b>
%	44.7	31.7	38.0	21.1	15.9	18.4
<b>Yes</b>	<b>N = 40</b>	<b>N = 47</b>	<b>N = 87</b>	<b>N = 59</b>	<b>N = 63</b>	<b>N = 122</b>
%	52.6	57.3	55.1	77.6	77.8	77.2
<b>Don't Know</b>	<b>N = 1</b>	<b>N = 8</b>	<b>N = 9</b>	<b>N = 0</b>	<b>N = 5</b>	<b>N = 5</b>
%	1.3	9.8	5.7	0.0	6.1	3.2
<b>Prefer Not to Answer</b>	<b>N = 1</b>	<b>N = 1</b>	<b>N = 2</b>	<b>N = 1</b>	<b>N = 1</b>	<b>N = 2</b>
%	1.3	1.2	1.3	1.3	1.2	1.3
<b>Total</b>	<b>N = 76</b>	<b>N = 82</b>	<b>N = 158</b>	<b>N = 76</b>	<b>N = 82</b>	<b>N = 158</b>
%	100.0	100.0	100.00	100.00	100.00	100.00

The Complexity of SAMHSA Grant Applications The ability for organizations in the ecosystem of recovery to be successful in acquiring federal funding requires submitting grant applications.

As shown in Table 1, only 55.1% of all organizations applied for funding directly from the federal government (with independent RCOs and RCCs doing so slightly less than other types of organizations). Substantially more—77.2%—applied for state funding.



## Level Setting (Part 2) (Optimizing Recovery Funding)

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For one organization's leader who participated in the Native American and Tribal Community listening circle, grant requirements eliminated nearly all potential applicants who provide peer recovery services to Native American community members.



**“Tribes don't have a lot of [data] stored...there isn't data centers or data collectors for tribes that we could draw this stuff for. Data is so important...Data is a huge barrier for somebody that works.**

**The smaller network of people that are driving change in the community, that are making big impacts...they don't have the resources to maybe pay a grant writer to come in and do this or pay a consultant to find data or you know what I mean? Let's say they're writing a grant or even to conduct a needs assessment as a community, you know what I mean? There's all these different barriers that I see with an Indian country that the standard for applications or what's needed for these applications and the people that are going after these fundings. There's only a few handfuls of people that can actually deliver on what these granting agencies are wanting.”**

*— Native American and Tribal Community Listening Circle*





# Level Setting - Part 3

## State of the States

# Level Setting - Part 3

## State of the States

### NASMHPD Division of Recovery Support Services (DRSS) 2021 Survey Overview

#### Key Takeaways

##### DRSS Members

- 44 States/Territories Received the Survey
- 19 States/Territories Responded

##### Types of RSS Focus of RSS

- 20 Distinct RSS Types Reported
- 12 Diverse Populations Targeted

##### RSS Partnerships RSS Funding

- 12 Diverse State Agencies/Systems Involved in RSS Implementation
- 8 Diverse Funding Streams Used to Implement RSS

20 Distinct RSS reportedly targeting 12 diverse populations across 19 states.

**12 Different State Agencies** and systems involved with funding **from 8 different funding streams.**

# Level Setting - Part 3

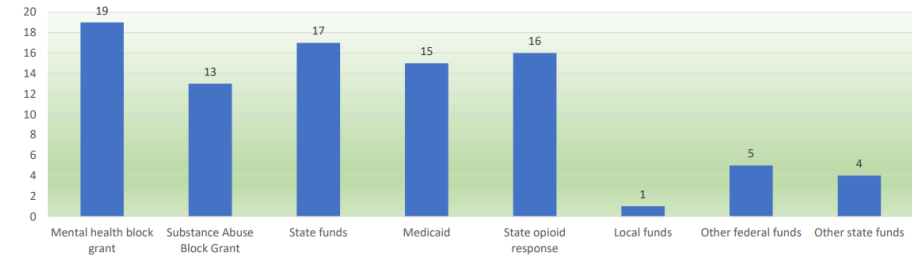
## State of the States

- Mental Health Block Grant – 19 States
- Substance Abuse Block Grant – 13 States
- State Funds – 17 States
- Medicaid – 15 States
- State Opioid Response – 16 States
- Local Funds – 1 State
- Other Federal Funds – 5 States
- Other State Funds – 4 States

### Diverse RSS Funding Options

Question 5

What funding sources do you use to finance recovery support services? Please check all that apply.



PowerPoint Presentation ([nasmhpd.org](http://nasmhpd.org))



# Level Setting - Part 3

## State of the States

- To Bill Medicaid for Peer Services there must be an individualized care plan in place for the beneficiary.
- States may choose to deliver peer support services through several Medicaid authorities including:
  - Stan Plan Rehabilitation Options
  - 1915 (b) waivers
  - 1915 (c) waivers
  - State Plan Amendment
  - 1115 Demonstration Waivers
  - Health Home State Plan Option

## CMS Guidance on Medicaid Coverage of Peer Support Services

### Box 1. CMS Guidance on Medicaid Coverage of Peer Support Services

Peer support services can be offered to beneficiaries with either mental health conditions or substance use disorders (SUDs). States may choose to deliver peer support services through several Medicaid funding authorities including the state plan rehabilitative services option, and Section 1915(b) or 1915(c) waivers. State Medicaid agencies have the authority to determine the service delivery system, medical necessity criteria, and the scope of peer support services. However, certain minimum service requirements must be addressed when states seek federal financial participation for peer support services:

- **Supervision.** Peer support service providers must be supervised by a competent mental health professional, as defined by the state. The amount, duration and scope of supervision may range from direct oversight to periodic care consultation.
- **Care coordination.** Peer support services must be coordinated within the context of an individualized plan of care for the beneficiary. States should use a person-centered planning process that helps promote beneficiary ownership of the plan of care. Plans of care must also include specific individualized goals that have measureable results.
- **Training and credentialing.** Peer support providers must obtain training and certification as defined by the state. Training must provide peer support providers with a basic set of competencies as defined by the state. The peer must demonstrate the ability to support the recovery of others from mental illness or SUDs. Ongoing continuing educational requirements for peer support providers must also be in place.

When electing to provide peer support services to Medicaid beneficiaries, state Medicaid agencies may choose to collaborate with state mental health departments (CMS 2007, CMS 2011).

\* All states but 2 (South Dakota and California currently offer peer support. Majority of states allow Medicaid reimbursement for peer services.





# Level Setting - Part 3

## State of the States

### Non – Medicaid Funding Opportunities for Peer Support

- **SAMHSA Grants -**

- SABG Block Grant - [Substance Abuse Prevention & Treatment Block Grant \(SABG\) | SAMHSA](#)
- Mental Health Block Grant - [Mental Health Services Block Grant \(MHBG\) | SAMHSA](#)
- SAMHSA 2022 Grant Overview - [Grants Dashboard | SAMHSA](#)
- BCOR Grants - [Building Communities of Recovery | SAMHSA](#)
- RCSP Grants - [Recovery Community Services Program | SAMHSA](#)
- Statewide Family Network Grants - [Statewide Family Network Program | SAMHSA](#)
- Statewide Consumer Network Grants - [Statewide Consumer Network Grant Program | SAMHSA](#)
- Harm Reduction Grants - [Harm Reduction Grant Program | SAMHSA](#)
- SOR \*States Only - [State Opioid Response \(SOR\) Grants | SAMHSA](#)
- Treatment, Recovery, and Workforce Grants (already awarded) - [Treatment, Recovery, and Workforce Support Grant | SAMHSA](#)

- **Bureau of Justice Affairs Grants (COSSAP)** - [O-BJA-2022-171280 | Office of Justice Programs \(usdoj.gov\) - Peer Recovery Support Services Mentoring Initiative \(cossapresources.org\)](#)

- **Human Resources and Services Administration (HRSA)** - [HHS Announces \\$226.5 Million to Launch Community Health Worker Training Program | HHS.gov](#)

**MACPAC Recovery Support Services** - <https://www.macpac.gov/wp-content/uploads/2019/07/Recovery-Support-Services-for-Medicaid-Beneficiaries-with-a-Substance-Use-Disorder.pdf>



# Level Setting - Part 3

## State of the States

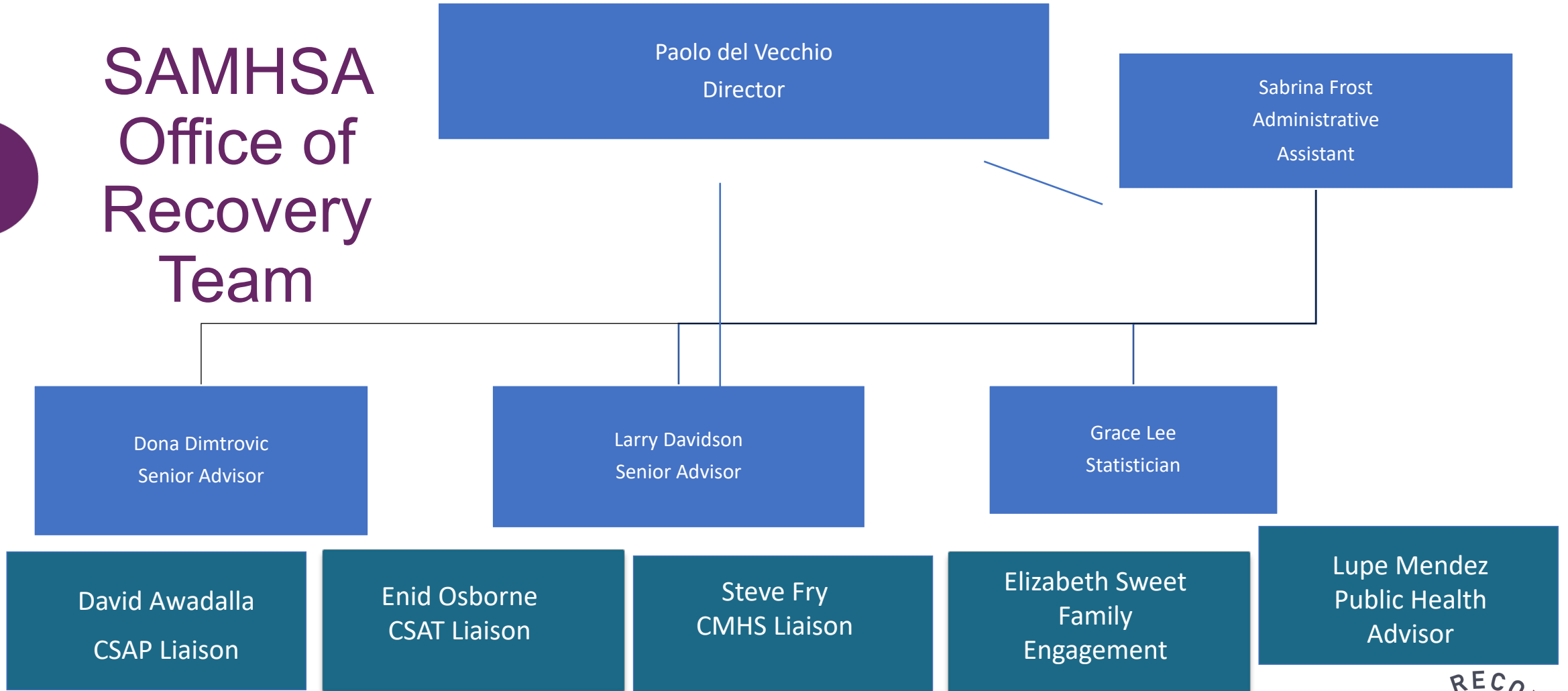
- **Launch of 988 and crisis services** (including peer support services)
  - National Academy for State Health Policy  
- States use of Peers in Crisis Services
  - SAMHSA Advisory on Peer Support in Crisis Services
- **Top Focus for All States is Workforce**
  - Bipartisan Policy Center Report
  - SAMHSA BH Workforce Report
  - SAMHSA 988 Guidelines
  - SAMHSA 988 Playbooks
  - National Council CCBC's Use of Peers



# White House Update

- [2022 Biden SOTU Address](#) – March 2022
  - **Build a national certification program for peer specialists.** The Biden-Harris Administration will convene stakeholders, launch development, and support implementation of a national certified peer specialist certification program, which will accelerate universal adoption, recognition, and integration of the peer mental health workforce across all elements of the health care system.
- [President Biden's Statement on New Mental Health Funding](#) – October 2022
  - **Mental Health named a Core Pillar in Biden Agenda.** Funding for CCBHC's announced alongside Bipartisan Safer Communities Act which includes unprecedented resources to help address mental health needs nationally. Mental Health crisis named a core pillar in the 2022 Unity Agenda.
- [President Biden/Harris Fact Sheet Highlights National Mental Health Crisis Strategy](#) – May 2022
  - **Biden Administration put forth a comprehensive national strategy to attack the mental health crisis.** American Rescue Plan (ARP) funds which since then has helped build out recovery communities nationally.
- [MHSA Announced Launching of new Office of Recovery within the Office of Assistant Secretary for Mental Health and Substance Use](#) – September 2021
- [MHSA Office of Recovery](#) – March 2023
  - A national clearing house and resource for recovery-oriented care across the mental health, substance use, and co-occurring domains. The Office promotes recovery-oriented system of care working in partnership with recovery community leaders, tracking progress over time and identifying to resolve barriers to system transformation.

# SAMHSA Office of Recovery Team



## ***SAMHSA National Recovery Agenda (Purpose):***

To forge partnerships to support all people, families, and communities impacted by mental health and/or substance use conditions to:

- pursue recovery,
- be resilient and
- achieve wellness.





# SAMHSA National Recovery Agenda Goals

Inclusion

Equity

Peer Services

Social Determinants

Wellness

# Level Setting - Part 3

## State of the States

### **Office of Recovery Initiatives Peer Recovery Community Should be Following Closely**

- 1) SAMSHA TEP – Peer Support Certification Model Standards
- 2) Next Generation ROSC
- 3) Block Grant Recovery Data Updates
- 4) Peer Respite Cost Benefit Analysis
- 5) National Recovery Agenda Announced
- 6) National Recovery Research Agenda Forthcoming

# Office of Recovery Core Principles

## Data and evidence

- ❖ To increase the collection, analysis & reporting of data on recovery and expand the identification & use of evidence and practice-based policies and approaches.

## Trauma-informed

- ❖ To embed trauma-informed practices and approaches in recovery efforts.

## Rights Protection

- ❖ To protect the human and civil rights of people with lived experience.







# Homework Assignment

# Strive for Balance Between Mission and Funding

## *Passion/Sense of Ownership*

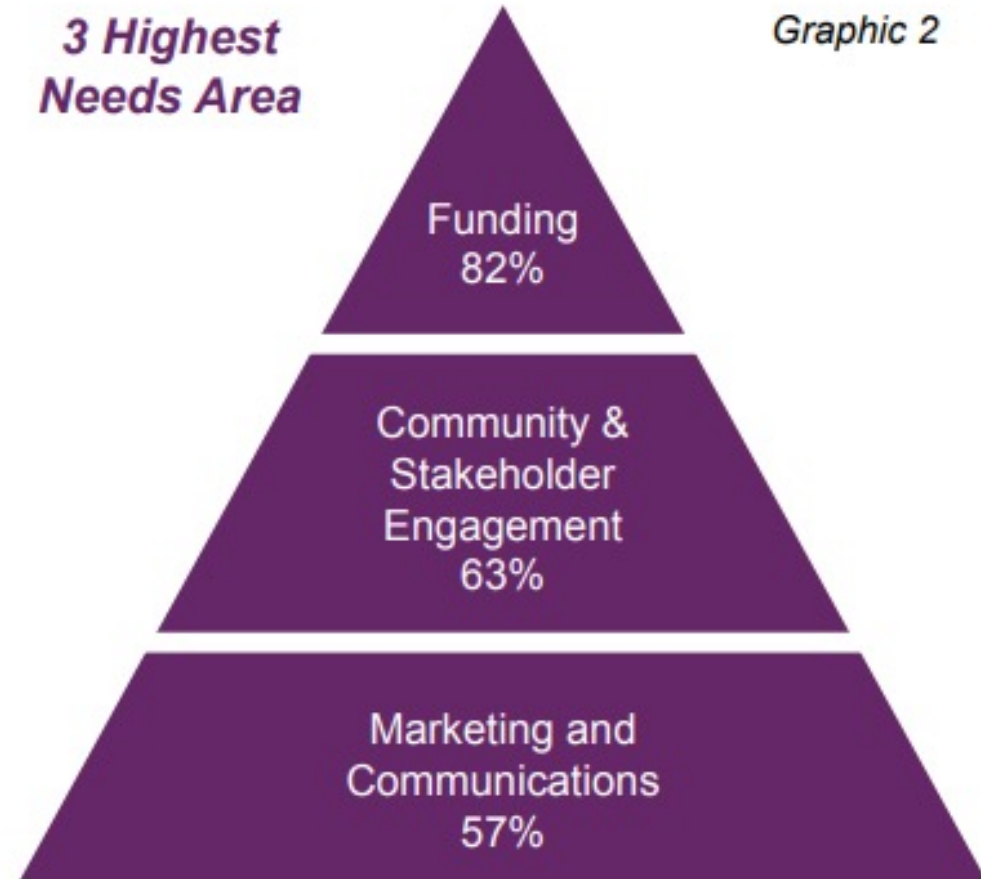
*Each RCO leader interviewed credited their passion and desire to combat addiction as the driving force behind their work.*

*This core passion lends itself to the positive and challenging implications below.*

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### **3 Highest Needs Area**

Graphic 2



# Session 1 Homework Assignment

- 1) Find 1-3 current grants that your organization could qualify for based off an identified goal of the organization you currently work for.
  1. Federal Grant
  2. State Grant
  3. Local Grant
  
- 2) Come the next class prepared to:
  1. Share one goal/outcome of the organization that you work for and;
  2. Share the identified grants you found that were most eligible for RCO's
  3. Barriers, Successes, Questions, Insights, Ah Ha learning moments you experienced.



Questions?



# Remember



Leaders must be close enough  
to relate to others, but far  
enough ahead to motivate them.

John C. Maxwell

quote fancy

