

Adult Mental Health Grant Plan #2

AMHI

Calendar Year 2012

September 12, 2011

Due: October 26, 2011

Background

This plan applies to all regional or county Adult Mental Health Initiatives (AMHIs). The focus is upon the proposed use of grant funding to develop, implement, and administer community-based adult mental health services. The grant is for Adult Mental Health Initiative (AMHI), Crisis Services and Project for Assistance in Transition from Homelessness (PATH). It is assumed that the revenue generated in each BRASS code will be spent in that area.

All plans are due by October 26, 2011. Upon opening this document, you should now do "Save/As" and name this document based on your Initiative Name. Example: SW18.doc. Submit information to the DHS-Adult Mental Health Division at the email address provided here: DHS.AMHD@state.mn.us Please work with your regional MH Program Consultant who can help answer questions about submission of your plan.

Rate Setting for ACT, IRTS and Crisis Stabilization Rule 36 Residential programs

Although rate setting procedures for IRTS, ACT and CS residential programs was changed in the 2011 Legislative session, it is anticipated that the county or Adult Mental Health Initiative will likely still retain much of its previous role. For calendar year 2012, the Commissioner of Human Services shall have sole responsibility for determining provider rates for IRTS, ACT and CS programs. Previously the county recommended a rate to the Department based upon the criteria in the statute. The statute eliminates this role for the county (MS. Section 256B.0622, subdivision 8 (c)). This change was implemented in order to conform with federal policy in which the Medicaid Authority is primarily responsible for setting MA rates.

The statute still requires a host county contract, in most situations. And, the Department is required to seek local input relating to each program's service design as it relates to the needs of the individuals being served. Additional information will be forthcoming.

PATH AMH Plan Background

Federal PATH, along with the State match, renewal funding is applied for through the annual Federal and State PATH application in May. The existing 11 PATH projects located in ten counties will need to reapply for funding in the spring of 2012 upon release of the Federal PATH application.

This application contains the following seven sections.

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C) Regional Homeless Assessment Plan	15
D) Instructions for completing the AMHI-MH1 and Contracted Providers worksheets:	17
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The AMHI funding plan also includes a Microsoft ® Excel file which includes the following worksheets:

- AMHI- CY 2012 Adult Mental Health: AMHI- MHI
- AMHI Contracted Providers- AMHI Contracted Providers

A) Initiative Name: **Region 4 South Adult Mental Health Consortium**

B) Adult Mental Health Initiative Information

1) AMHI Proposed Use

Describe your proposed use of AMHI funds to be awarded for CY 2012 for each line on the *CY 2012 Adult Mental Health: AMHI-MH1* by service using the following outline:

*BRASS Code	Service Title	Describe the Service
401x	Information and Referral	Not a service
402x	Community Education & Prevention	<p>Region 4 South utilizes three strategies in this area. We have a "training and education" committee which develops an annual work plan for their activities - they are the work group coordinating the development of the REAL LIFE STORIES series as well as Day on the Hill/Day at Home activities. This committee is planning for 250 participants in their events for 2012.</p> <p>The Consortium sponsors two websites - one is anti-stigma (reallifeconversations.com) and provides material and strategies on mental health as well as the posting of the REAL LIFE STORIES series. This site averages over 500 unique visitors each month and the visitors do increase with each new video we post to the site.</p> <p>The r4sconversations.org website is our business website. We post all of our meeting dates and materials, all resource information on our community partners as well as newsletters and activity schedules for the Socialization Projects and the Drop In Centers. It is the go to place for the most current information on Consortium activities.</p>
403x	Outreach activities	Not a service
407x	Early Identification & Intervention	Not a service
408x	Adult Outpatient Diagnostic Assessment	Not a service

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*BRASS Code	Service Title	Describe the Service
409x	Pre-Petition Screening/Hearing	<p>Our Consortium service area includes 4 smaller counties - two extremely small with limited staff. Late 2008 and into 2009 the Consortium, through a workgroup, developed a strategy to improve the quality of the prepetition screening for commitment process in our area. This strategy was implemented in 2009 and continued into the 2010-2011 program year with approval from the Director of the Adult Mental Health Division. By working together to deliver this service we are protecting client rights as well as protecting the community. Because of the frequency of the delivery, we have developed an expertise that cannot be accomplished through doing 1-2 prepetition screenings per year.</p> <p>The Team we use is multidisciplinary, as anticipated by statute. The Team's constant members are a pharmacist, a mental health professional, a public health agency, and a Family Nurse Practitioner - Certified. These core team members are joined by county case managers, chemical dependency assessors, current service providers, and other individuals uniquely involved with the person who is being screened. The Team receives screening data through secure e-mail accounts and meets telephonically to assure maximum opportunity for participation.</p> <p>Staffed by a mental health practitioner, the Team (and staff) have developed a strong sense of the unique resources available to consider for including in their Team recommendation.</p> <p>It is estimated that the Team will screen 30 individuals in 2012.</p>

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*BRASS Code	Service Title	Describe the Service
416x	Transportation	<p>Transportation is an essential service in our rural area. All counties are required to have an access plan, but this plan only meets the medical needs of individuals who are on medical assistance.</p> <p>Clients who have been diagnosed with a serious and persistent mental illness frequently have services in their ISP that are not medical services, but where transportation has been identified as a barrier. The transportation services will provide reimbursement (on the same basis as the access plans) for these services.</p> <p>Additionally, each county has an allocation available to meet the unique needs of that county. This includes such strategies as contracting with the public transit bus company to provide rides to the Drop In Center or the Socialization Program activities.</p> <p>Public Transit passes are frequently purchased as a cost effective strategy to providing access to community services and supports.</p>
418x	Client Flex Funds	<p>There are two strategies utilized in the delivery of this service. Both strategies focus on responding in a manner that will resolve the situation and allow the consumer to continue to reside in the community.</p> <p>Strategy one focuses on consumer to consumer supports and provides an allocation to each of the local advisory councils for mental health to manage. It strengthens the skill set of the consumers participating in the LACs as they make decisions regarding the appropriate allocation of these funds. It also provides a non-institutional</p>

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*BRASS Code	Service Title	Describe the Service
		<p>approach to meeting one time needs. This strategy serves 35-40 consumers a year.</p> <p>The second strategy is more traditional - and puts the resources into each of the local social services/human services departments. Each county has developed a process unique to the needs and the staffing of their county. In all instances, the consumers provided services have been diagnosed SMI/SPMI and there is no other resource that can be accessed to meet their need. Being able to respond immediately is the strength of this strategy and that is often key in resolving the situation so the client can continue to live in the community. This strategy serves 65-75 consumers a year.</p>
420x	Peer Support Services	Not a service
431x	AMHI Crisis Assessment & Intervention	<p>Through unique partnerships with our community partners this service provides a 24/7/365 mobile crisis team response to the 5 emergency rooms in our service area.</p> <p>Region 4 South contracts with local mental health providers for their mental health practitioners and professionals to be on call/respond as a member of the mobile crisis response team.</p> <p>The mental health practitioner responds in person to the emergency room and under the clinical supervision of a mental health professional (by phone) completes a face to face assessment of the adult experiencing the mental health crisis. Additional service components include: treatment planning, resource referrals, education on resources, priority appointment assistance, collaboration with medical,</p>

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		<p>psychological, and social service agencies, and access to local short term crisis stabilization facilities as well as psychiatric beds.</p> <p>Appropriate interventions based on the assessment are recommended to the emergency room staff and the client and their support people. The mental health practitioner assists in the implementation of these interventions. If placement in a psychiatric bed, crisis stabilization bed, or home with supports are needed - the practitioner secures both the beds/supports and the transportation .</p> <p>Through the 3rd quarter 2011, the mobile teams have responded to 144 crisis calls. Our best estimate is that based on current utilization, we will have responded 200+ times by the end of this program year. For 2012, we are planning for responding to 250 calls.</p> <p>In 2012, the program will expand to include a community response as requested by law enforcement personnel. This expansion will be piloted in two areas initially. A program response protocol will be established unique to the operating procedures of the involved law enforcement agency.</p> <p>Significant recruitment of mental health practitioners for the mobile teams will take place during 2012, and the success of the recruitment will be one of the determining factors in how quickly we move into the remaining service area.</p>
434x	Other CSP	<p>There are established socialization projects in four of the five counties with the socialization program for the fifth county in progress. There are also drop in centers in three of the five counties.</p>

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*BRASS Code	Service Title	Describe the Service
		<p>These projects provide opportunities for individuals, who have been diagnosed with a serious or serious and persistent mental illness, an opportunity to socialize with peers, become involved in their communities and to learn and practice social competency skills in a safe supportive environment. The desired outcome is that these individuals will be able to maintain themselves in the community, resulting in fewer and shorter stays at psychiatric hospitals and/or crisis stabilization beds.</p> <p>These 8 projects will provide services to 241 unduplicated individuals diagnosed with a serious or serious and persistent mental illness. These 241 individuals will visit the drop in centers over 7,000 times and will participate over 1,200 times in socialization activities in their community.</p> <p>The projects provide competitive part-time employment to 6 individuals diagnosed with a serious and persistent mental illness.</p> <p>The incentive project is a simple but effective project to encourage 17 consumers to work on skills to improve their functioning. This project is for consumers in foster homes or consumers living in the community at a LOCUS level 5 with a case manager and clinical supervisor who feel the incentive program may assist in keeping that consumer independent.</p> <p>The incentive (certificates in a small amount) is tied to a specific goal area to increase independence and is available over a 3 to 6 month period of time. This is to encourage the skill long enough to become habit.</p>

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*BRASS Code	Service Title	Describe the Service
		<p>The Warm Line is a peer support line available seven days a week from 6-10 daily. The individual calling the line will receive support, encouragement, and information on possible resources. Warm Line calls are answered by a consumer, helping to relate to the individual, and provide a structured 15 minute call to support the individual during that period.</p> <p>The Warm Line project employs three consumers on a part time basis and will answer over 1,000 calls in 2012.</p>
436x	Adult Crisis Stabilization	<p>Residential crisis stabilization is provided at two levels of intensity. For clients at a high level of need, bed space is available at an intensive residential treatment facility located in our service area, as well as at a stand alone crisis stabilization unit in a near by county.</p> <p>For clients at a lower level of need, but still in need of residential crisis stabilization, three beds are available through a 5th bed option in corporate foster care facilities, one bed each in three of the five counties.</p> <p>Third party payment is pursued when possible. When there is no third party resource to bill, the Consortium covers the cost of both the program and the room and board.</p> <p>Most placements take place as the result of the mobile crisis teams assessment.</p>
437x	Supported employment	<p>Two approaches to supported employment are funded - projected to serve 47 total clients.</p> <p>Thirty-seven will receive help in developing soft skills, finding the jobs they want, and keeping the jobs once they have them.</p>

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*BRASS Code	Service Title	Describe the Service
		Twenty will be in competitive employment; 6 will utilize work experience opportunities and 4 will participate in on the job training.
438x	Assertive Community Treatment	Not a service
443x	Housing	<p>Region 4 housing includes rent subsidies, deposit assistance and emergency housing supports.</p> <p>An average of 38 households per month will receive ongoing rental assistance, totaling 456 months of subsidies. This makes their housing affordable and appropriate while they are waiting for a Section 8 voucher, allowing the clients to focus on their mental health needs.</p> <p>Sixty-five households will have their emergency housing needs met, enabling them to remain in the least restrictive community setting. This service, in combination at times with flexible funding, also provides for timely and appropriate discharge from psychiatric beds and intensive residential treatment services.</p>
446x	Basic Living/Social Skills and Community Intervention	<p>Services include the Region 4 South ICRS Program, Intensive Aftercare, Nursing Support, and participation in the CONVERSATIONS advisory board.</p> <p>Eighty-four consumers diagnosed with a serious and persistent mental illness or serious mental illness will participate in one or more of these projects, providing them with rehabilitative services, allowing them to develop an enhance their psychiatric stability, social competencies, and independent living and community skills</p> <p>Intensive aftercare and nursing support is most often provided to individuals</p>

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*BRASS Code	Service Title	Describe the Service
		<p>who have no payment source and whose needs are too great to be provided through the Community Support Program. Other eligible clients are being provided the service through ARMHS funding.</p> <p>Five to eight individuals will be provided these services in 2012.</p> <p>The ICRS program provides services to 50-60 consumers who have been diagnosed with a serious and persistent mental illness and who are in need of the intensity of this service.</p> <p>ICRS is offered by a multi-disciplinary team, providing basic living and social skills rehabilitative services, community intervention, transition to community living, vocational rehabilitation, integrated dual diagnosis treatment, and illness management and recovery. The program meets ICRS fidelity standards for nursing and psychiatric access.</p> <p>Consortium funds are utilized to fund the ICRS service for 10 individuals who are in need of the service but do not have a payment source.</p>
451x	Emergency Response Services - telephone	Not a service
452x	Adult Outpatient Psychotherapy	<p>Region 4 South has made a significant investment in the development and ongoing training and enhancement of the DBT program available through the Alexandria office of Lakeland Mental Health Center.</p> <p>As a result, this service is available to clients from all 5 counties, even though Lakeland may not provide other outpatient services to that county.</p>

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*BRASS Code	Service Title	Describe the Service
		In 2012, the Consortium will fund DBT services for six clients, allowing them to receive affordable therapy services appropriate to their needs.
454x	Adult Outpatient Medication Mgt.	<p>Medication education is available to the ICRS clients funded by Region 4 South.</p> <p>The service is provided by the ICRS Registered Nurse on a frequency appropriate to the client's needs.</p> <p>An estimated 10 clients will receive this service in 2012.</p>
458x	Approved Pilot Projects	Not a service
468x	Adult Day Treatment	Not a service
469x	Partial Hospitalization	Not a service
472x	State-Operated Inpatient	Not a service
473x	Acute Care Hospital Inpatient	Not a service
474x	Adult Residential (Rule 36/IRTS)	<p>The Rule 36 of Duluth owns and operates Milestones in our service area. Milestones is a licensed Intensive Residential Treatment Service.</p> <p>The Consortium will fund 136 days of programming and room and board costs for individuals who are without a payment source, allowing them to successfully return to the community and/or successfully remain in the community.</p>
477x	Sub-acute Psychiatric Care	Not a service
491x	Adult Rule 79 Case Management	<p>Region 4 South provides Rule 79 case management services only to ICRS clients, and as approved by the managed care plan or the county of financial responsibility.</p> <p>The service is provided by the ICRS Team, coordinated with but not duplicating ICRS services.</p> <p>The Consortium will fund the case management service for the 10 clients who have their ICRS services funded by</p>

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*BRASS Code	Service Title	Describe the Service
		the Consortium. Services will be delivered consistent with Minnesota Rules, MCO expectations, and county expectations.
493x	Adult General Case Management	Not a service

2) AMHI Unmet Needs

(1) Has the AMHI used the Unmet Needs developed by each county in the Initiative?

Yes No

(a) If yes, please list the unmet needs and describe in 300 words or less, the plans to meet the unmet needs in the AMHI.

There are cross cutting needs identified by all 5 counties. These are problem areas for all populations - but are exacerbated by the diagnosis of a serious and serious and persistent mental illness. These areas are (1) Safe and affordable housing (2) Accessible and affordable transportation (3) Access to psychiatric and therapy services - if/when it is available the waiting time for appointment are extensive.

Other areas included: Home based crisis response services, cost of care for CBHI services being billed to clients not on a medical program/insurance, limited availability of Guardian/Conservator/Representative Payee service providers, shelter for homeless individuals with a mental illness, access to dental care, and access to other wellness opportunities.

Region 4 South Adult Mental Health Consortium has expanded their housing supports for 2012, to include resources for an additional 18 households each month. Also, note under the homeless portion of this plan, increased involvement in the annual homeless count in order to get an accurate baseline for this problem in our 5 county area.

Transportation services are also a priority, with resources being allocated on an interim basis while the transportation workgroup of the CONVERSATIONS Advisory Board continues to work on a long term strategy for our area.

The unmet needs identified by the Local Advisory Councils for (Adult) Mental Health are a significant part of how we determine our work groups for the coming year. These workgroups analyze key issues and offer strategies for responding to these issues. The list above will be utilized in this manner in 2012.

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(2) Has the AMHI gathered unmet needs from the Reservation or Tribal organization in your Initiative area?

Yes No N/A- No Reservation or Tribal organization in AMHI region.

3) **AMHI Stakeholder Involvement**

Check those stakeholders that were involved in developing, implementing and evaluating this AMHI plan in 2012:

Check	Type	Number	County
<input checked="" type="checkbox"/>	Individuals with psychiatric disorders	19	Douglas, Grant, Pope, Stevens, Traverse Counties
<input checked="" type="checkbox"/>	Family members	6	Douglas, Grant, Pope, Stevens, Traverse Counties
<input checked="" type="checkbox"/>	Advocates	2	Douglas, Grant, Pope, Stevens, Traverse Counties
<input checked="" type="checkbox"/>	Local Advisory Council	10	Douglas, Grant, Pope, Stevens, Traverse Counties
<input checked="" type="checkbox"/>	Providers	17	Douglas, Grant, Pope, Stevens, Traverse Counties
<input checked="" type="checkbox"/>	Elected official	5	Douglas, Grant, Pope, Stevens, Traverse Counties
<input checked="" type="checkbox"/>	Local Tribal Contact	0	N/A
<input checked="" type="checkbox"/>	AMHD Staff	1	Douglas, Grant, Pope, Stevens, Traverse Counties
<input checked="" type="checkbox"/>	SOS Staff	2	Douglas, Grant, Pope, Stevens, Traverse Counties
<input checked="" type="checkbox"/>	Employment providers	1	Douglas, Grant, Pope, Stevens, Traverse Counties
<input checked="" type="checkbox"/>	Housing providers	1	Douglas, Grant, Pope, Stevens, Traverse Counties
<input checked="" type="checkbox"/>	Other - specify	9	County Directors, County Case Managers, Managed Care Provider (Prime West Health) - Douglas, Grant, Pope, Stevens, Traverse Counties.

4) **AMHI Technical Assistance**

Indicate what information or technical assistance you would like to receive from the Department to support your efforts:

a) Technical Assistance:

	Technical Assistance Needed	Whom AMHD should contact, if known
1.		
2.		
3.		

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4.		
5.		

- b) Adult Mental Health Core Training Topics - suggest topics in the area of mental health that you would like to see covered in the upcoming MH Core Training sessions that will be offered the 2nd Monday of each month in 2012.

	Topic	Describe Audience
1.	Rule 79 Case Management (on a cycle)	The new case managers who should have this training and experienced case managers who need a refresher.
2.		
3.		
4.		
5.		

C) Regional Homeless Assessment Plan

Since 1991 the Amherst H. Wilder Foundation Wilder Research has conducted the Minnesota Homeless Study every three years. The statewide survey interviews homeless persons in emergency shelters, battered women's shelters, transitional sites, drop-in service locations, and non-shelter locations. Data elements addressing serious mental illness have been part of the survey since 1994 and identify an increasing incidence of adults who report that they have a serious mental illness. The most recent study conducted on October 22, 2009 indicates that statewide the percentage of adults with serious mental illness has increased to 55%, or 3,250 individuals. Over half of whom have a co-occurring substance abuse disorder and/or chronic health conditions such as brain injury. Identify in 300 to 600 words:

- 1) **What will the AMHI do to identify the number and characteristics of persons with an SMI who are homeless?**
 - a) Identify at least one AMHI objective for this question;
 - b) Identify how it will be achieved;
 - c) Identify how the objectives will be measured.

We and many of our community partners are engaged in meeting the needs of the homeless - but mainly one homeless person/household at a time.

Objective: We will actively seek out and participate in efforts and projects that will help us to identify what homelessness for individuals with a serious mental illness looks like in our five county area.

Strategy: We will become engaged with the regional Continuum of Care, participating in their activities to identify homeless persons - specifically their Point-in-Time Count. We will become engaged with West Central Minnesota Communities Action on their Family Homeless Prevention and Assistance Advisory Council. We will develop an internal strategy for collecting the "one homeless person at a time" data from our community partners.

How it will be measured: We will have a strategic plan for Region 4 South delineating the problem and need in our area and how we will respond to that need.

- 2) **How will the AMHI partner with local and regional homeless networks to plan efforts to end homelessness?**

See above under strategy. Also, we will specifically request a seat on the Continuum of Care for the economic development Region IV, we will specifically request membership on the West Central Advisory Council.

D) Instructions for completing the AMHI-MH1 and Contracted Providers worksheets:

- 1) Update the AMHI- MHI table using the attached Microsoft ® Excel worksheet.
- 2) Indicate the amount of AMHI funding and if applicable, one time funding increases to the AMHI grant, and/or PATH funding the AMHI plans to spend in each BRASS Service areas listed.
- 3) Please consult requirements for each grant to make sure that grant funds are budgeted appropriately.
- 4) Administrative costs are to be allocated across the relevant services.
- 5) Check that the totals on this worksheet are equal to the AMHI award letter totals for each funding source.
- 6) Complete the Contracted Providers form using the attached Microsoft ® Excel worksheet.
- 7) List each contracted provider the AMHI plans to use to deliver the services identified in the AMHI- MHI table. Identify the amount of each funding source that will be allocated for the deliverables identified in each of the contracted provider agreements.
- 8) Save the completed worksheets using the AMHI name and send the file to the AMHD with the completed AMHI plan by 10/26/2011.

E) Feedback on the Grant Plan

- 1) Please estimate how many person hours it took the AMHI in filling out this grant plan.

21 Hours Minutes

- 2) Who is the contact person for completing this grant plan?

Name: Joyce Pesch
Phone: 218 - 685 - 8229 ext: _____

- 3) What did you like the best about this grant plan process?

The simplicity of the document. Thank you.
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- 4) What did you like least about this grant plan process?

Even though the document is simple to complete, the same effort exists in planning and budgeting to reach the stage where it can be entered in the grant plan document.

CY 2012 Adult Mental Health: AMHI-MHI

Name: **Region 4 South Adult Mental Health Consortium**

PATH	AMHI						AMHI Total	TOTAL
	General	Crisis	Housing	ICRS	SOAR			
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$0	\$12,694	\$0	\$0	\$0	\$0	\$12,694	\$12,694	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$0	\$57,339	\$0	\$0	\$0	\$0	\$57,339	\$57,339	
\$0	\$9,403	\$0	\$0	\$0	\$0	\$9,403	\$9,403	
\$0	\$27,209	\$0	\$0	\$0	\$0	\$27,209	\$27,209	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$0	\$0	\$295,736	\$0	\$0	\$0	\$295,736	\$295,736	
\$0	\$137,778	\$0	\$0	\$0	\$0	\$137,778	\$137,778	
\$0	\$0	\$5,200	\$0	\$0	\$0	\$5,200	\$5,200	
\$0	\$80,208	\$0	\$0	\$0	\$0	\$80,208	\$80,208	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$0	\$203,508	\$0	\$0	\$0	\$0	\$203,508	\$203,508	
\$0	\$164,719	\$0	\$0	\$0	\$0	\$164,719	\$164,719	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$0	\$7,052	\$0	\$0	\$0	\$0	\$7,052	\$7,052	
\$0	\$3,000	\$0	\$0	\$0	\$0	\$3,000	\$3,000	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$0	\$43,879	\$0	\$0	\$0	\$0	\$43,879	\$43,879	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Totals:	\$746,789	\$300,936	\$0	\$0	\$0	\$1,047,725	\$2,095,450	

