

Child Trauma Response and Recovery

RFP for Coronavirus State and Local Fiscal Recovery Funds

Mountain Child Advocacy Center

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Application Form

Question Group

Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

Coronavirus State and Local Fiscal Recovery Funds*

Name of Project.

Child Trauma Response and Recovery

Amount of Funds Requested*

\$1,075,000.00

Recovery Fund Eligible Category*

Please select one:

Enhance behavioral and mental health services

Brief Project Description*

Provide a short summary of your proposed project.

Mountain Child Advocacy Center will respond to the COVID-19 pandemic with increased staff and services for children suffering trauma from abuse. The COVID-19 pandemic created a mental health and child maltreatment crisis even while the economic impact reduced available funds for increased services.

Unaddressed ACEs will have a negative impact on our community for decades in loss of human potential, crime, mental and physical health issues.

MtnCAC is a non-profit, NCA accredited CAC, and the only provider serving Buncombe and WNC with seven trauma-informed, evidence-based modalities for treating child abuse. Child abuse Prevention, Advocacy, and Therapy services are provided free of charge to eliminate any barrier to treatment. Though the mental health impact of the pandemic will extend beyond three years, MtnCAC is requesting stopgap funds to provide the additional services needed now for increased numbers and give MtnCAC time to develop more sustainable funds for future needs.

Project Plan*

Explain how the project will be structured and implemented, including timeframe.

Mountain CAC is seeking stopgap funds to increase program staff over the next three years. MtnCAC will hire at least one full-time therapist and contract with another for FY2022. By the end of FY2023, MtnCAC will seek to hire and train another therapist to serve children with problematic sexualized behaviors (PSB), a trauma response that is increasing and requires very specialized treatment. Before the end of FY2024, MtnCAC will add two part-time program persons, one for Advocacy (Spanish speaking) and one to help increase our child abuse prevention program.

During the next three years, MtnCAC will offer increased hours for a contracted staff person for the purpose of continued leadership of the Equity Team. MtnCAC's Equity Team will continue to inform MtnCAC on how to provide services in the most equitable manner, and clinical staff will continue training in how to incorporate treatment for historical trauma and trauma experienced from racism.

MtnCAC experienced a significant increase in IT support services in order to provide secure on-line therapy and other program services. That expense was covered by a CARES ACT grant last year, but this fund will no longer be available. MtnCAC will continue to offer on-line therapy to provide better access for families who have challenges with work schedules, transportation, and health concerns.

MtnCAC, accredited by NCA in 2017, is a fairly new agency and has doubled program staff in the last five years without any additional administrative support. In the next year, we will add a part-time bookkeeper, contract with an HR on-call service, and increase hours for our Fund Developer. This additional administrative expense is necessary to support the agency's mission and program staff and to increase our ability to raise funds for the future to meet our community's needs.

Statement of Need*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

Child abuse is a problem impacting the community in loss of human potential and real costs in services. The Adverse Childhood Experiences (ACE) Study, conducted by the CDC and described in detail on the Prevent Child Abuse North Carolina website, demonstrates that trauma and adverse experiences during childhood are major risk factors for illness and death. The study defined an ACE as exposure to child abuse, neglect, domestic violence, alcohol and drug abuse, and other traumas. The ACE study demonstrated how trauma is linked to real health problems including alcoholism and drug addiction, obesity, COPD, heart disease, lung cancer, liver disease, STDs, adolescent pregnancies, and depression and suicide.

The COVID-19 impact on many families has adversely affected and caused childhood trauma. MtnCAC has experienced a chronic 1 – 2 months' wait list throughout the pandemic year due to increased reports of child maltreatment. As reported in the Citizen Times 1/11/21, "Reports of sexual assaults against children in

Asheville and Buncombe County rose sharply [25%-50%] in 2020, and some experts attribute the increase to the effects of the COVID-19 pandemic."

A significant challenge to our ability to increase services is the depletion of the Victim of Crimes Act (VOCA) fund, a major source of support; the government has informed MtnCAC of decreased and/or canceled grants in the coming three years. "VOCA cuts present threat to services for victims of crime and trauma," The Institute of Family & Community Impact. Though federal legislation will rebuild the VOCA fund, it is expected to take 3 to 5 years. However, the mental health crisis and increase in child abuse is happening now; we cannot ask the children to wait for healing. A recent appeal from Buncombe County DHHS to the community specified a "desperate" need for foster care services and placements for children and an "immediate" need for mental health services.

Link to COVID-19*

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

The COVID-19 pandemic is linked to this project as both the cause of the need for increased services and its negative impact on our ability to provide increased services.

Predictably, MtnCAC has experienced the same pandemic driven increase in cases as expected from a national emergency. COVID-19 stressors have pushed even harder on our already at-risk families. Schools being cancelled eliminated child-care for many families creating the choice of maintaining income or leaving children alone or in the care of unqualified and sometimes harmful supervision. As reported in the Citizen Times 1/11/21, when interviewed about the increase in child abuse and child sexual assault cases, the "Sheriff's Office [reported] an 86% increase, said spokesman Aaron Sarver. The Asheville Police Department had a 55% increase, ... said spokeswoman Christina Hallingse." The MtnCAC Prevention Educator (MSW) presents personal child safety lessons to school children K-5th. In a typical year, she receives 60 - 70 disclosures of abuse, an average of 7-8 per month. During the first month back in the schools after the COVID19 shutdown, she received 23 reports of child abuse.

The MtnCAC operating budget has been \$900K for the past two years. To increase services and to help the community to recover, the budget has been increased to \$1.2 mil. for FY2022, an increase of \$300K next year. The economic impact of COVID-19 has decreased our ability to raise individual and foundation donations. As reported in the professional publication, "The NonProfit Times", "Just short of all of 544 global and local charitable organizations (97%) answering polling have been negatively impacted by COVID-19, according to a survey conducted by Charities Aid Foundation of America ... Managers at more than 42% of charities provide direct services to those affected by the pandemic and are facing a steep decline in contributions..."

Population Served*

Define the population to be served by this project, including volume and demographic characteristics of those served.

Mountain Child Advocacy Center primarily serves Buncombe County. However, because of the expertise and experience of our clinical staff, we take referrals from other counties in WNC. Children who have suffered trauma from abuse are referred to us by law enforcement, DHHS, HCA-Mission Child Safety Team, schools, and other physical and mental health providers. Mountain CAC clinicians are licensed and rostered to practice Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) and can also offer six other trauma-informed, evidence-based modalities to serve children from infancy to 18. Two of those models are also used to treat parents/caregivers who need to heal from past or current trauma in order to be the best support for their child's recovery. TF-CBT and three other evidence-based treatments are provided by three Spanish-speaking clinicians. Mountain CAC can also provide Advocacy services to Spanish-speaking families, and we are

partnering with Buncombe via the Tipping Point grant next year to provide child abuse prevention training to communities of diversity.

Mtn CAC services are all free of charge, so there is no barrier or stigma attached to ability to pay. This also enables us to freely support any undocumented families.

Results*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

During FY2019 and FY2020, MtnCAC served about 400 clients and their families with Advocacy services, and approximately 200 children received evidence-based treatment for trauma per year. Before COVID19, the Prevention program served 8,000 school children with personal safety lessons and about 500 adults per year with trainings on how to identify and appropriately respond to child abuse. The number of children served has been limited by staff, space, and time capacities. MtnCAC responded immediately with tele-therapy during COVID19. However, tele-therapy and children's attention spans increased the average sessions per child for a course of treatment, creating a chronic wait list situation. With the addition of 2.5 Outpatient Therapists, a second Family Advocate, and a PT Prevention Educator we expect to reach these objectives, measurable in the Electronic Medical Records.

YR1

1. 430 child clients and their families will receive advocacy services
2. 240 children will receive trauma-informed, evidence based treatment
3. 8,000 school children will receive personal safety lessons.

YR2

1. 470 child clients and their families will receive advocacy services
2. 260 children will receive trauma-informed, evidence based treatment
3. 8,500 school children will receive personal safety lessons.

YR3

1. 500 child clients and their families will receive advocacy services
2. 275 children will receive trauma-informed, evidence based treatment (PSB clients require lengthier courses of treatment)
3. 8,500 school children will receive personal safety lessons.

Our plan is that the second Family Advocate will allow the current Family Advocate (LCSW-A) time to facilitate more support groups for youth and Non-Offending Parents (NOP). As this is a start-up project this year, we don't yet have data to set goals.

The second Part Time Prevention Educator will allow the current Prevention Educator (LCSW) more time to lead the Equity Team.

Evaluation*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

Mountain CAC will collect quality assurance data through the use of performance reviews from both MDT partners and clients through surveys.

Mountain CAC collects data and session notes in a secure Electronic Medical Records system to track client progress. Pre and post measures are used to track treatment success and recovery from trauma. Client

demographics and case statistics are also collected and reported quarterly for VOCA funded grants and bi-annually for our accrediting agency, NCA. NCA reports the data as crime statistics to state and federal legislatures.

Equity Impact*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

Several studies report that COVID19 has elevated the risk of Black, Indigenous, and other People of Color (BIPOC) for food insecurity, housing, financial disparity, abuse/harm, mental and physical health care. Only by assessing community needs and developing policies and procedures to operationalize equitable practices will we make an impact. MtnCAC has formed an Equity Team to inform HR and our programs on how to provide services in an equitable, inclusive and diverse manner/setting for our clients and staff. The Equity Team has facilitated trainings, "Whiteness at Work" and "Spiral of Transformative Change", that have furthered our understanding and fostered beneficial conversations about how to have an agency that practices in an equitable manner that will ultimately benefit our clients and community. Annually, MtnCAC submits an EEOC certification to the USDOJ. That process includes the training of staff in Civil Rights through the DOJ, Office for Civil Rights. Our small staff of fifteen includes persons from diversity communities: LatinX, African Am., Native Am., and LGBTQ. Twelve of our staff are women, and MtnCAC has staff that provide services in Spanish.

MtnCAC is beta testing new trauma assessments for Duke Univ.; our input will help develop new evidence-based measures to capture historical racism and trauma. This grant will fund training in how to address historical trauma in treatment interventions and how the lack of inclusiveness in the community impacts clients and vulnerability. We are also working with developers of evidence-based models to adjust and adapt the models for BIPOC.

The Community Ed. is organizing a project, "Prevention for Diverse Communities Initiative", in part funded by a Buncombe Tipping Point grant; additional funds are needed to further child abuse prevention efforts for BIPOC communities in Buncombe. Only through these intentional acts will we be sure to reach those most affected and be inclusive in our community impact.

Project Partners*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

Mountain CAC Contract Therapists are rostered to practice Trauma Focused-Cognitive Behavioral Therapy and other evidence-based treatments. They are part-time and their caseloads vary depending on client needs. Therapists, Fiore, Hurd, and Taylor, have been with MtnCAC for at least five years. The Prevention Educator contracts for the school year. The contracted staff cost, \$178K, is approx. 20% of the total \$940K payroll expense.

1. Ashley Fiore, MSW, LCSW, TF-CBT consultant and Master Trainer at Duke, also rostered to practice AF-CBT, provides quality assurance and fidelity to the TF-CBT model
2. Elizabeth Hurd, MSW, LCSW, TF-CBT, Accelerated Response Therapy (ART), bi-lingual in Spanish
3. Sara Taylor, LCMHC, TF-CBT, practices Cognitive Processing Therapy (CPT), and Triple P

4. Florencia Seoane, currently contracted as Family Advocate for Spanish-speaking clients, will be contracted as a Outpatient Therapist in Sept. 2021. She has 10 years' experience as a family and child psychologist in Argentina, receiving her second MSW in August, and will be licensed as LCSW-A and begin TF-CBT training in Sept. 2021.

5. Melissa Garrett, MSW - Prevention Educator, also leads Equity Team

MtnCAC coordinates Multidisciplinary Team (MDT) meetings twice per month where professionals representing different aspects of a case discuss and collaborate on case management and client care. A MDT MOU includes all members of the team; HCA-Mission Child Safety Team (forensic medical exams and forensic interviews), Buncombe Co. Sheriff's Office, Asheville PD, DHHS, the District Attorney's ADAs for child physical and sexual assault, therapists, our Family Advocate. MtnCAC also has a close association through the Family Justice Center with Helpmate and OurVoice. Our Prevention Educator keeps us in touch with school administrators and counselors, and our Community Educator is housed at DHHS and has professional relationships with other community agencies supportive of child well-being.

Capacity*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

Mountain Child Advocacy Center meets a stringent set of ten standards in order to be accredited by the National Children's Alliance as a Child Advocacy Center. We are uniquely qualified to treat children who have suffered abuse and other trauma. Mountain CAC receives referrals from law enforcement, DHHS, HCA-Mission Child Safety Team, and other physical and mental health providers. We take care of some of the toughest cases in WNC, and our Executive Director, Geoff Sidoli, MSW, LCSW, is on several state and national Boards and is recognized nationally as a leader in the field.

MtnCAC clinicians are licensed and rostered to practice Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), and Ashley Fiore, LCSW, a contracted therapist and consultant is one of a small number of national TF-CBT trainers and is associated with Duke University. MtnCAC is one of few agencies in the state that can offer six additional trauma-informed, evidence-based modalities to serve children from infancy to 18. We also treat parents/caregivers who need to heal from trauma in order to be the best support for their child's recovery.

MtnCAC has three clinicians on staff that can provide TF-CBT and three other evidence-based treatments in Spanish. We can also provide Advocacy services to Spanish-speaking families, and we are partnering with Buncombe via the Tipping Point grant next year to provide child abuse prevention training to communities of diversity.

Our Family Advocate is an MSW and LCSW-A and currently in TF-CBT training to provide the best trauma-informed advocacy services.

Mountain CAC is experienced in managing and reporting for federal grant funds and has the ability to track specific grant project expenses through QuickBooks.

Budget*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

Mountain CAC Recovery-Funds-budget, Total Yrs 1 - 3.pdf

Special Considerations*

Provide any other information that might assist the County in its selection.

As a 501(c)(3) agency, Mountain Child Advocacy Center is also eligible to request funding under the category of "small business and nonprofit support".

As reported in "Pediatrics, Official Journal of American Academy of Pediatrics", "In the United States, the rate of death by suicide in children aged 10 to 19 increased by 86% from 2007 to 2017. Recent data indicates that there has been an increase in the prevalence of pediatric mental health diagnoses, including depression, attention-deficit/hyperactivity disorder, bipolar disorder, and autism spectrum disorders. Access to care is clearly a concern. Pediatric emergency department visits for mental health conditions have risen steadily. A recent report found that 16.5% of youth (7.7 million) in the United States have an identifiable mental health condition. However, only 49% of them were receiving treatment from any mental health professional, let alone a psychiatrist.", and that is prior to the COVID19 pandemic. According to Mental Health America, the 2021 ranking of states for youth mental health, North Carolina ranks near the bottom at 45. The CDC study on Adverse Child Experiences directly links unaddressed ACEs to a long list of physical and mental health illnesses in adulthood, costing Buncombe in medical, social, housing services in the future not to mention the loss of human potential. For our community to recover from the pandemic and for that recovery to be lasting into the next generations, child trauma treatment must be accessible, equitable, and evidence-based.

File Attachment Summary

Applicant File Uploads

- Mountain CAC Recovery-Funds-budget, Total Yrs 1 - 3.pdf

Coronavirus State and Local Fiscal Recovery Funds Proposed Project Budget

Organization Name:	Mountain Child Advocacy Center, Inc.
Project Name:	Child Trauma Response and Recovery
Amount Requested: Year 2 of 3	\$1,075,000 total for three years (YR1 \$325K + YR2 \$454K + YR3 \$296K) - See Tabs for Yrs 2 and 3 annual budgets

Proposed Project Revenue Funder	Amount	Confirmed or Pending?	Notes
Proposed Buncombe COVID Recovery Funds	\$ 454,000.00	Pending	Year 2 of 3 requested for July 2023 - June 2024
Governor's Crime Commission Grants (VOCA), CAC Basic Services	\$ 224,100.00	Committed	\$448,200 pending award Sept. 2021 for Oct. 2021-Sept. 2023
Governor's Crime Commission Grants (VOCA), Enhanced Services	\$ -	Committed	Won't be continued by VOCA after Sept. 2022
Dogwood	\$ 20,000.00	Pending	
CACNC DHHS State Grant	\$ 65,000.00	Pending	Likely to be awarded annually
Buncombe DHHS Trauma Evaluation and Treatment Contract	\$ 160,000.00	Pending	
WNC Bridge Grant	\$ 60,000.00	Pending	
Sisters of Mercy Grant	\$ 36,000.00	Pending	Verbal okay to LOI for request
United Way ABC	\$ 20,000.00	Pending	Year 3 of 3 yr grant. New priorities leave next year more at risk.
Misc. Foundation Grants	\$ 21,500.00	Pending	
Pisgah Foundation Grant	\$ 20,000.00	Pending	
Individual & Foundation Donations	\$ 41,965.00	Pending	
Fundraisers	\$ 118,775.00	Pending	
In-Kind Rent	\$ 113,000.00	Pending	HCA-Mission and MAHEC
Miscellaneous	\$ 250.00	Pending	
Total	\$ 1,354,590.00		

Proposed Project Expenses	Proposed Recovery Funds	Other Funds	Total	Capital or Operating Expense?	Notes
Moving & Upfit new therapy rooms	\$ -	\$ 1,500.00	\$ 1,500.00	Operating	MAHEC is donating clinical space for growing staff
Annual Operations and Admin.	\$ 14,000.00	\$ 130,000.00	\$ 144,000.00	Operating	
Professional Fees: IT, HR, Accounting, Audit	\$ 35,000.00	\$ 5,000.00	\$ 40,000.00	Operating	Grant funding lost beginning FY2122
Program Software	\$ 17,000.00	\$ 2,000.00	\$ 19,000.00	Operating	EMR, QA Surveys, Tele-therapy tools
Program Mileage	\$ 4,000.00	\$ -	\$ 4,000.00	Operating	Prevention Program and Therapy/Advocacy Emergency Calls
Direct program materials	\$ 16,000.00	\$ 7,000.00	\$ 23,000.00	Operating	
Fundraising Expense	\$ -	\$ 19,750.00	\$ 19,750.00	Operating	
Program Contractors	\$ 30,000.00	\$ 152,000.00	\$ 182,000.00	Operating	Includes new PT Spanish-speaking Advocate/Therapist
Salaries	\$ 165,170.00	\$ 456,950.00	\$ 619,000.00	Operating	Annual increase
Fringe	\$ 36,430.00	\$ 119,395.00	\$ 155,825.00	Operating	Annual increase
Staffing Miscellaneous	\$ 7,400.00	\$ 9,250.00	\$ 16,650.00	Operating	On-Boarding, licensing, training
Miscellaneous Expense	\$ -	\$ 865.00	\$ 865.00	Operating	
New PSB Therapist Salary & Fringe	\$ 63,000.00	\$ -	\$ 63,000.00	Operating	New Hire in FY2023
New FT Family Advocacy S&F	\$ 50,000.00	\$ -	\$ 50,000.00	Operating	New Hire in FY2023
PT Contractor, Prevention Educator	\$ 16,000.00	\$ -	\$ 16,000.00	Operating	New Hire in FY2023

Coronavirus State and Local Fiscal Recovery Funds Proposed Project Budget

Organization Name:	Mountain Child Advocacy Center, Inc.
Project Name:	Child Trauma Response and Recovery
Amount Requested: Year 3 of 3	\$1,075,000 total for three years (YR1 \$325K + YR2 \$454K + YR3 \$296K) - See Tabs for Yrs 2 and 3 annual budgets

Proposed Project Revenue Funder	Amount	Confirmed or Pending?	Notes
Proposed Buncombe COVID Recovery Funds	\$ 296,000.00	Pending	Year 3 of 3 requested for July - Dec 2024
Governor's Crime Commission Grants (VOCA), CAC Basic Services	\$ 225,000.00	Pending	New GCC Basic Services Grant begins Oct. 2023
Governor's Crime Commission Grants (VOCA), Enhanced Services	\$ 68,000.00	Pending	Anticipate GCC will again fund PSB w/Enhanced Services
Dogwood Foundation	\$ 100,000.00	Pending	
CACNC DHHS State Grant	\$ 75,000.00	Pending	Likely to be awarded annually
Buncombe DHHS Trauma Evaluation and Treatment Contract	\$ 160,000.00	Pending	
WNC Bridge Grant	\$ 60,000.00	Pending	
Sisters of Mercy Grant	\$ 38,000.00	Pending	Verbal okay to LOI for request
United Way ABC	\$ 20,000.00	Pending	Year 3 of 3 yr grant. New priorities leave next year more at risk.
Misc. Foundation Grants	\$ 30,000.00	Pending	
Pisgah Foundation Grant	\$ 25,000.00	Pending	
Individual & Foundation Donations	\$ 46,000.00	Pending	
Fundraisers	\$ 115,000.00	Pending	
In-Kind Rent	\$ 113,000.00	Pending	HCA-Mission and MAHEC
Miscellaneous	\$ 840.00	Pending	
Total	\$ 1,371,840.00		

Proposed Project Expenses	Proposed Recovery Funds	Other Funds	Total	Capital or Operating Expense?	Notes
Moving & Upfit new therapy rooms	\$ -	\$ -	\$ -	Operating	MAHEC is donating clinical space for growing staff
Annual Operations and Admin.	\$ -	\$ 144,000.00	\$ 144,000.00	Operating	
Professional Fees: IT, HR, Accounting, Audit	\$ -	\$ 40,000.00	\$ 40,000.00	Operating	Grant funding lost beginning FY2022
Program Software	\$ -	\$ 17,000.00	\$ 17,000.00	Operating	EMR, QA Surveys, Tele-therapy tools
Program Mileage	\$ -	\$ 4,000.00	\$ 4,000.00	Operating	Prevention Program and Therapy/Advocacy Emergency Calls
Direct program materials and equipment	\$ -	\$ 23,000.00	\$ 23,000.00	Operating	
Fundraising Expense	\$ -	\$ 19,750.00	\$ 19,750.00	Operating	
Program Contractors	\$ 30,000.00	\$ 154,000.00	\$ 184,000.00	Operating	Includes new PT Spanish-speaking Advocate/Therapist
Salaries	\$ 156,477.00	\$ 477,998.00	\$ 634,475.00	Operating	Annual increase
Fringe	\$ 35,373.00	\$ 120,000.00	\$ 155,000.00	Operating	Annual increase
Staffing Miscellaneous	\$ -	\$ 16,650.00	\$ 16,650.00	Operating	On-Boarding, licensing, training
Miscellaneous Expense	\$ -	\$ 1,000.00	\$ 1,075.00	Operating	
New PSB Therapist Salary & Fringe	\$ 22,650.00	\$ 42,240.00	\$ 64,890.00	Operating	New Hire in FY2023 +3% annual increase
New FT Family Advocacy Salary & Fringe	\$ 51,500.00	\$ -	\$ 51,500.00	Operating	New Hire in FY2023 +3% annual increase
PT Contractor, Prevention Educator	\$ -	\$ 16,500.00	\$ 16,500.00	Operating	New Hire in FY2023 +3% annual increase
Total			\$ 1,371,840.00		