National Perinatal Infant Mental Health – Connect and Care Program by the Australian Association of Parenting & Child Health

Karitane Submission 3

Proposal for Pre-Budget Submission for Commonwealth funding 2021-2022

Contents

Recommendation

That the Federal government invest $10,313,901 over 3 years to support national implementation of the *National Perinatal Infant Mental Health – Connect and Care Program*.

This program will be led by Karitane, in partnership with key national early parenting service providers through the Australian Association of Parenting & Child Health (AAPCH).

Executive Summary

The National Perinatal and Infant Mental Health – Connect and Care Program (NPIMH-CCP) is a transformative care and navigation system. NPIMH-CCP will be by provided by a consortium of well-established early parenting and PIMHS service providers including Karitane (lead agency), and members of the Australian Association of Parenting & Child Health (AAPCH).

NPIMH-CCP will provide a national comprehensive stepped continuum of care for parents experiencing moderate/severe perinatal and infant mental health (PIMH) concerns, supporting these families to navigate the complex and fragmented PIMH service landscape. It will use well-articulated triage criteria to bring national consistency, whilst maintaining place-based flexibility in an ecosystem characterised by numerous providers and services nationally.

NPIMH-CCP Care Navigators will be based in every state and territory at an AAPCH partner site. PIMH Navigators will work collaboratively with each other, within their host organisation, and across the wider PIMH ecosystem in their state/territory to connect the full primary, universal, secondary and tertiary PIMH service system and policy landscape (unique to each state & territory).

A no-stigma intake service will leverage existing pathways (“no wrong door” approach), using triage criteria to ensure parents are referred to the right intensity of services that best matches their support needs. For parents with moderate/severe PIMH needs, Care Navigators will provide active case coordination and holding to support the parent to access appropriate services, in a trauma-informed and culturally safe way. Aboriginal Liaison Officers will provide cultural safety for Aboriginal and Torres Strait Islander families. Care coordination and holding will be delivered face-to-face using virtual consultations and telehealth methods.

This national service will maximise the coordination and utilisation of existing PIMHS providers and enable stigma-free easy-entry, and establishment of a National PIMHS Navigator 1300 number. The PIMH Navigators will enable best practice models from different states to be widely shared, adapted & adopted, & support identification of service and policy gaps to be addressed nationally. PIMH Navigators will have a detailed understanding of available services through e-COPE Directory & established relationships with providers, awareness of new/emerging services, and ensure families can access support that best matches their specific needs.

The National Perinatal and Infant Mental Health – Connect and Care Program (NPIMH-CCP)

Service Delivery Model

The NPIMH-CCP is a comprehensive stepped care navigation system for families experiencing moderate/severe PIMH concerns. The service brings national consistency to a fragmented system through early engagement with families, consistent triage criteria, and supports exemplary practices to be adopted widely.

Parents access the NPIMH-CCP through a soft-entry low-stigma "no wrong door" approach directly and via referral from across the child and family health and social sectors. Care Navigators provide case coordination and holding to families with moderate/severe PIMH concerns, using clear national triage criteria and defined referral pathways to enable parents access to secondary services. Case coordination is holistic, caring and tailored to each family's triaged needs.

Importantly, case coordination acknowledges that there is a dearth of secondary PIMH services across a confusing system, and significant waitlists. Families may require multiple different services to meet their needs, such as father-specific supports. Care Navigators support waitlisted families and enable access to supportive primary services e.g. Gidget Foundation's Start Talking Program or PANDA as part of a care journey to prevent escalation of concerns during the waitlist period.

We will develop clear consistent national triage criteria. PIMHS screening tools and assessments will be clinically proven and evidence-based. Partnering with the Centre of Perinatal Excellence (COPE) has been discussed and agreed to establish screening/intake linkages from universal service providers.

Care Navigators will work collaboratively and utilise the e-COPE directory as well as new/emerging services, with particular focus on families with moderate/severe PIMH concerns requiring longer term secondary service support. Each state and territory has a unique child and family health service landscape, with different policies, funding arrangements, and referral pathways. Providers in health, PHNs, NGOs and private psychologists provide a plethora of PIMH services, including national universal and early intervention supports, and highly localised intensive services. Access to services can vary significantly within states, with major disparity between metro, regional and remote areas. Coordinating and navigating this complex system is the first vital step in preventing families falling through the cracks.

NPIMH-CCP will work closely with local universal referral agents through the Australian Association of Parenting & Child Health's (AAPCH) well-established linkages as uniquely positioned parenting service providers to establish a transformational PIMH service system response. We have discussed the NPIMH-CCP with PANDA, COPE, Gidget Foundation and Raising Children Network, and all are supportive and ready to participate through improved coordination of referral pathways. Families will be enabled to access both in-person and virtual care as available in their community, supporting a place-based integrated care ecosystem.

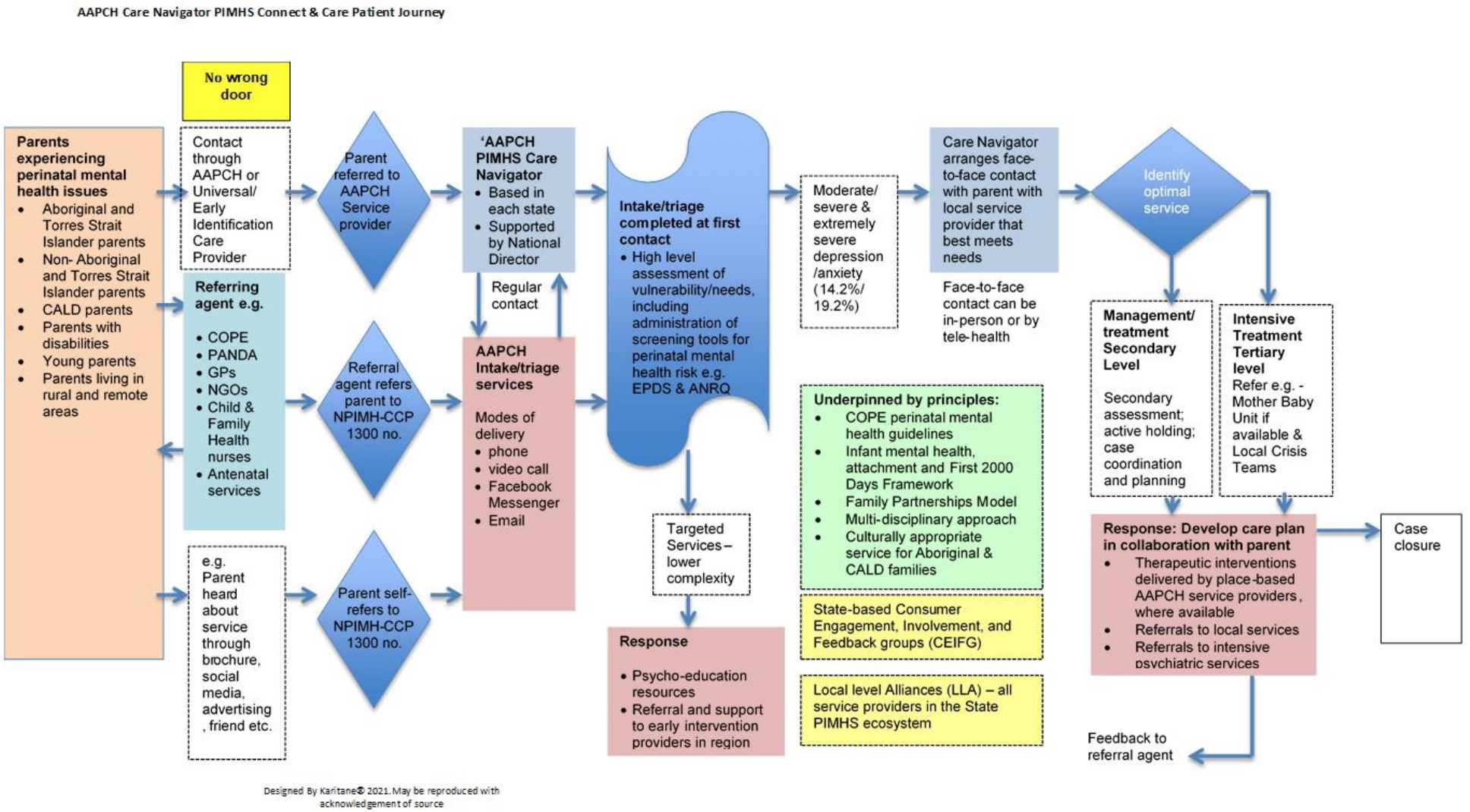


Figure 1. NPIMH-CCP client journey map

Why Australia needs the NPIMH-CCP

The importance of PIMH

Good perinatal and infant mental health (PIMH) is an essential foundation for early childhood development, which supports children to thrive (Brighter Beginnings Framework, 2020). Perinatal mental illness is a major public health issue, and improving parenting support was the first recommendation in the Productivity Commission Mental Health Report 2020. As many as 13% of women suffer perinatal depression (Gavin et al., 2005), and 40% suffer clinically significant perinatal anxiety (Leach et al., 2017). In addition to negative impacts for women (Cantwell et al., 2011; Jarde et al., 2016), the deleterious outcomes for partners, children, and wider society, are undeniable (Newman et al., 2017; Ruffell et al., 2019; Stein et al., 2014).

Table 1: Percentage of new mothers experiencing PIMH concerns

	Mild	**Moderate**	**Severe**	Extremely severe
Perinatal depression	8.6%	**10.2%**	**3.4%**	0.6%
Perinatal anxiety	11.8%	**8.0%**	**7.2%**	4.2%
		Target cohort		

Adapted from Marriott R and Ferguson-Hill S (2014)

There are significant service gaps for parents with moderate/severe symptoms; Australian Government Productivity Commission (2020), p. 6). Many are not identified, and if they are, they lack access to effective treatments. This has significant ramifications for parents, children and society.

Gaps in the PIMH service landscape across Australia

The PIMH system is fragmented, with a wide variety of services available, but complex access restrictions and significant coverage gaps exist. For example, Karitane's Jade House service is widely regarded as an exemplar model of secondary PIMH service provision but funding parameters restrict access to families residing in South West Sydney Local Health District.

The Productivity Commission (2020) demonstrated there is poor coordination between universal, community and in-patient mental health services. Lack of a collaboration and consistency of approach to PIMH screening, assessment and treatment results in silos, duplication, and fragmentation. Systems are not well coordinated with other services such as housing, child and family services, child protection and drug/alcohol services. Intersectionality is not addressed – parents with diverse experiences often feel excluded. Fragmented experiences mean opportunities for early interventions are missed, and clinical outcomes are reduced.

Mental health services in regional and remote Australia are limited, and many parents with PIMH concerns cannot access support. Services often do not meet the needs of parents from vulnerable groups including Aboriginal and Torres Strait Islander and CALD families, or the needs of fathers or infants and children. Aboriginal children are at greater risk from PIMH concerns in their parents (Lima et al. 2019).

Parents, at times, experience significant barriers when accessing the mental health system.

How will the NPIMH-CCP address these gaps?

The NPIMH-CCP addresses these gaps with multiple 'soft entry' access**,** and clear understanding of service availability, including virtual and FIFO/DIDO services in remote communities. Specific triage and coordination enables access to services varying in intensity along established referral pathways. Active holistic case coordination and holding enables a smooth, safe experience for clients. Service efficiency will be improved through enhanced communication to address longstanding silos. Care Navigators will be nationally networked with each other and relevant stakeholders, but will also have strong place-based service understanding through their location at AAPCH service provider sites. This will enable us to leverage existing networks and trusting relationships, and comprehensive governance and quality frameworks.

NPIMH-CCP Care Navigators will work in tandem with Aboriginal Liaison Officers, and we will leverage and develop additional relationships with Aboriginal community organisations and existing well-established AAPCH Aboriginal Service networks. In line with COPE guidelines, screening and treatment will be offered to all parents, with father and co-parent specific services as part of our referral pathways, including culturally appropriate services. By actively addressing both perinatal mental ill-health and parent-child relationships/infant mental health, the NPIMH-CCP will play a key role in reducing intergenerational transmission of attachment disorders and mental health issues.

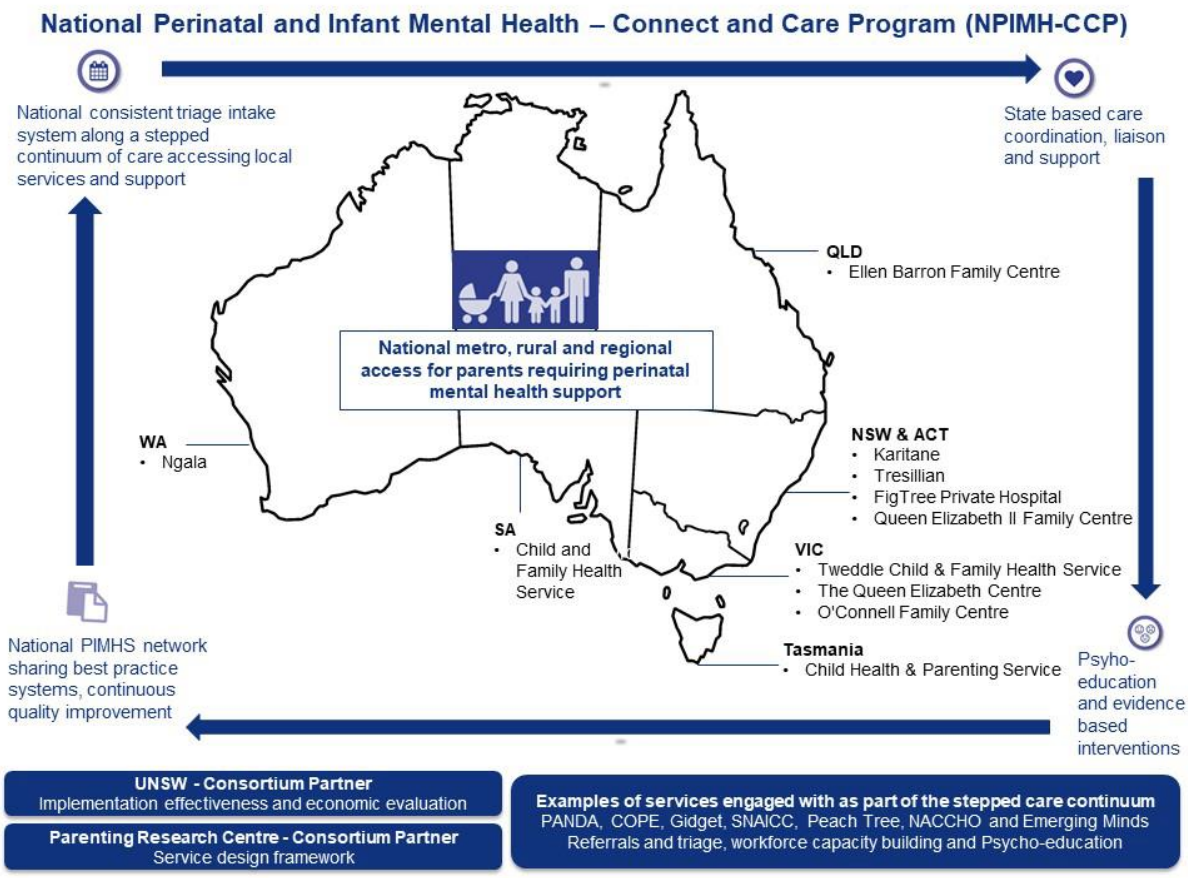


Figure 4: National reach of NPIMH-CCP

Alignment with evidence-based best practice

Care navigation is an evidence-based model supporting better access to services. We have drawn on a range of resources including NSW Agency for Clinical Innovation Care Enablement Guide and NHS Care Navigation Competency Framework.

AAPCH members are early parenting service providers, and have a comprehensive understanding of the service landscape and evidence base for PIMH services in our respective states. We will draw on and synthesise relevant frameworks and policies, such as WA Government Perinatal and Infant Mental Health Model of Care, and NSW Brighter Beginnings First 2000 Days Framework, WA Thrive By Five, ensuring services are delivered according to established best practice, acknowledging some appropriate variance between states.

Our program has been developed in line with current evidence for best practice in prevention and treatment of PIMH concerns identified in the Centre of Perinatal Excellence (COPE) Australian Clinical Practice Guidelines for perinatal mental health care [1]. This includes use of EPDS and ANRQ/PNRQ, helping parents access appropriate resources, and enabling access to structured psychological interventions.

Inclusive, culturally appropriate and safe access

Care navigators will operate collaboratively with NPIMH-CCP Aboriginal Liaison Officers to ensure cultural safety, using specific engagement strategies to encourage help-seeking in underserved over-represented demographics, including Aboriginal and Torres Strait Islander families, CALD families, very young parents, new humanitarian arrivals, and people living in rural and remote communities.

All consortium members have clinical and corporate governance structures that ensure safe access and risk/harm minimisation for consumers, health professionals and other stakeholders. Each has a Reconciliation Action Plan or equivalent, and specific practices to ensure disability access, provide interpreters, prevent discrimination, and ensure inclusive service.

Monitoring and measuring uptake

Consortium partners Parenting Research Centre (PRC) and the Academic Unit of Child Psychiatry UNSW will develop robust monitoring and uptake measurement systems for the NPIMH-CCP.

PRC will design a data-based continuous quality improvement (CQI) system to ensure the NPIMH-CCP is implemented with fidelity and to good effect. CQI is a systematic approach to continuously collecting and reviewing implementation to identify opportunities for improvement. Studies show a relationship between quality of program implementation and program outcomes (e.g., Lispey et. al., 2010). CQI guards against "Type III error" (Dobson & Cook, 1980) ensuring consideration of both intervention effectiveness and quality of implementation.

The Academic Unit of Child Psychiatry UNSW will support efficacy and efficiency studies of the model of care and qualitative evaluation the effectiveness of service connectivity to meet parents' needs based on validated screening tools e.g. EDPS, and produce an economic cost-benefit analysis for the model.

NPIMH-CCP Service Deliverers

The Australian Association of Parenting & Child Health (AAPCH)

Lead agency, Karitane

Established in 1923, Karitane is a trusted leader in parenting, early intervention & prevention services across New South Wales (NSW). Karitane delivers high-quality, evidence-based support for families with a range of needs and vulnerabilities. We are internationally recognised for our expertise in PCIT for children with behaviour and conduct disorders, supporting teenage parents, young parents in custody and parents with perinatal anxiety and depression. Karitane supports families from aboriginal and culturally and linguistically diverse backgrounds and designs innovative services, including place-based and digital health delivery to ensure that families receive the right level of care, in the right place, at the right time.

Karitane has formal academic partnerships with UNSW and Western Sydney University, and academic collaborations with multiple other universities, and a long-standing and extensive history of clinically-oriented multidisciplinary health research and research translation in child and family health, perinatal and infant mental health, early intervention, parenting, early childhood development and psychopathology.

The Australian Association of Parenting & Child Health (AAPCH), est. 1994, is a national organisation of agencies providing early parenting services, including centre based residential and community outreach models of care and support. We have a strong track record delivering services to highly vulnerable families that are family-centred, strengths-based, inclusive, multi-disciplinary, evidence-based and outcomes focused. Our services include PIMH services, with an emphasis on attachment relationships and understanding PIMH as an essential component of early parenting.

The AAPCH members are:

- Karitane, NSW
- Tweddle, VIC
- Tresillian NSW & ACT
- Ellen Barron Family Centre, Children's Health Queensland
- Figtree Private Hospital, NSW
- Queen Elizabeth Centre (QEC), VIC
- Child & Family Health Service (CaFHs), SA
- Tasmania Child & Family Health Service, TAS
- Ngala, WA
- O'Connell Family Centre, VIC

Each AAPCH member delivers state-based primary, secondary and tertiary services, and have unmatched understanding of the PIMH system in their respective states and territories, including how PIMH services fit into broader state-government funded child and family health services, NGO services, and the plethora of policies, frameworks and guidelines for best practice that operate nationally.

AAPCH members understand PIMH is an essential part of our health system, and we are committed

to improving outcomes for families. Strong infant mental health underpins key development milestones, and supports strength and resilience in families. PIMH is an important and ongoing part of our service delivery along a stepped continuum of care.

AAPCH established members have a long history of successful, national collaborative work and a sound pre-existing governance structure. AAPCH is currently chaired by Grainne O'Loughlin, CEO Karitane, the lead agency for this proposal. Karitane is based in South West Sydney & delivers early parenting services across NSW, including leading capability in PIMH virtual clinical service delivery.

The AAPCH will be supported in the implementation and evaluation of the NPIMH-CCP research by Parenting Research Centre and Academic Unit of Child Psychiatry South West Sydney, University of NSW.

PIMH service delivery capacity and track record of AAPCH members

As a consortium, the AAPCH brings considerable collective experience in PIMH service delivery, parent-child attachment relationships, families with birth trauma, and services that are strongly integrated along a continuum of care. We have capable telehealth services with pockets of exemplar delivery and unique models of care across our network.

Some examples* of our PIMH service delivery include:

- Karitane's Jade House (NSW) is a specialised PIMH Early Intervention complex care service providing multidisciplinary secondary level outpatient PIMH services up to 12 months duration. Karitane has an enduring partnership with Gidget Foundation with collocated service delivery at Randwick & Shellharbour
- Karitane has an extensive record of peer reviewed research publications in PIMH in partnership with UNSW
- The Academic Unit of Child Psychiatry South West Sydney, UNSW, has a world leading portfolio of cutting edge research in PIMH.
- Tresillian (NSW & ACT) has an ongoing partnership with Gidget Foundation and operates Gidget Houses at its regional parenting centres to deliver PIMHS
- Tresillian (NSW & ACT) Parent Infant Early Childhood Mental Health (PIEC-MH) Service Model that is psychiatrist led and multidisciplinary
- Ngala's Parenting Line (WA) includes specialist PIMH support for new fathers
- Karitane (NSW) operates integrated care hubs in partnership with a range of providers including PIMH specialist services at Oran Park, Newcastle and Bondi
- Tweddle (VIC) uses attachment and PIMH as the foundation of its parenting service delivery, and promotes Infant Mental Health Awareness Week across its networks
- Tweddle (VIC) has established referral pathways into early parenting services through community mental health services
- Queen Elizabeth Centre (VIC) has advocated for PIMH as an essential component of wider mental health responses to both the Victorian Royal Commission into Mental Health and the Productivity Commission Mental Health System Report
- Queen Elizabeth Centre (VIC) provides mental wellbeing services to families including an in-house psychologist, art therapist and mindfulness coach. They delivered specialist fathers groups including a PIMH focus
- O'Connell Family Centre (VIC) has an increasing focus on working with families with mental health concerns, and is closely linked to other specialist mental health clinics within the Mercy Hospitals system, including delivery of Perinatal Community Mental Health Services
- Child and Parenting Health Service (TAS) delivers primary health services in the perinatal period, including comprehensive PIMH screening

- Ellen Barron Family Centre (QLD & NT) recognises parenting challenges are a major precursor to and/or symptom of PIMH concerns, and delivers holistic parent education inpatient services to support families with complex needs
- Figtree Private Hospital (NSW) delivers parenting support through a multi-disciplinary team including clinical psychologists specialising in adjustment to parenting concerns to ensure that PIMH needs are met
- Child and Family Health Service (SA) includes PIMH as an essential component of supporting parents
- Parenting Research Centre partners with Emerging Minds and is working to identify the initiatives that have the biggest impact on child mental health
- Parenting Research Centre has published multiple papers and reviews linking PIMH with family outcomes

*Snapshot only

Partnerships, networks and collaborations that will maximise outcomes

Our proposed model is underpinned by the knowledge that strong partnerships, networks and collaboration of existing service providers will improve the functioning of the PIMH system and streamline resource utilisation. In addition to consortium members, we will partner with PANDA, Emerging Minds, Gidget Foundation and Raising Children Network, and others who have engaged in positive early discussions regarding this model.

Each member brings significant PIMH service expertise, established government and NGO networks, and connection to families. Collectively, we serve 1,000,000+ families per year, and we are all highly trusted, longstanding providers with positive reputations in the consumer and health professional communities. Importantly, as parenting and child & family health services, each AAPCH member is strongly networked with state government and has a detailed understanding of that state's service landscape, policy environment, and funding parameters. This knowledge is essential in developing a way to deliver consistent national services across a fractured state-oriented system.

Other information about our capacity and performance

The two non-AAPCH consortium members, Parenting Research Centre (PRC) and the Academic Unit of Child Psychiatry UNSW, bring their own unique networks and significant capability in research, evaluation, establishing an evidence base, measuring outcomes, and ensuring high quality service delivery in parenting support and PIMH services.

The Academic Unit of Child Psychiatry UNSW is conducting active research in perinatal anxiety and depression and has an impressive publication record. The unit is strongly networked to the AAPCH, and unit head Prof. Valsamma Eapen is also a serving board member of lead consortium agency Karitane.

PRC has unique system-level expertise embedding evidence-based practice, knowledge synthesis and translation, practice design, research, implementation, evaluation and telepractice. PRC is respected nationally for rigorous approaches and will support the consortium in developing fit-for-purpose evaluation and data-based monitoring systems enabling continuous quality improvement.

NPIMH-CCP Governance Structure

The consortium will use the CAFÉ consortium model. A governance structure has been developed (figure 2), and all consortium partners have been involved in the development of this proposal. All consortium partners have provided a letter of support, and we will enter into a formal consortium agreement prior to the execution of a grant agreement with the Commonwealth. Figure 2: NPIMH-CCP governance structure

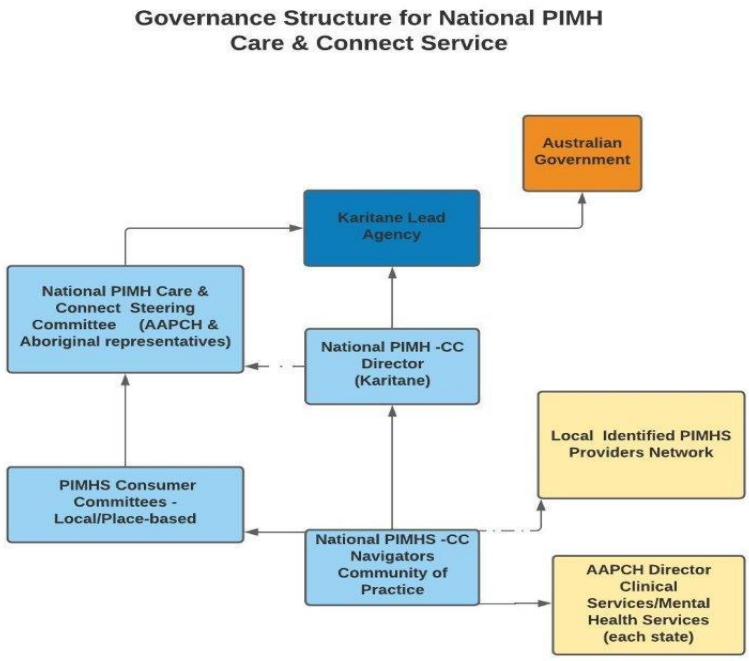
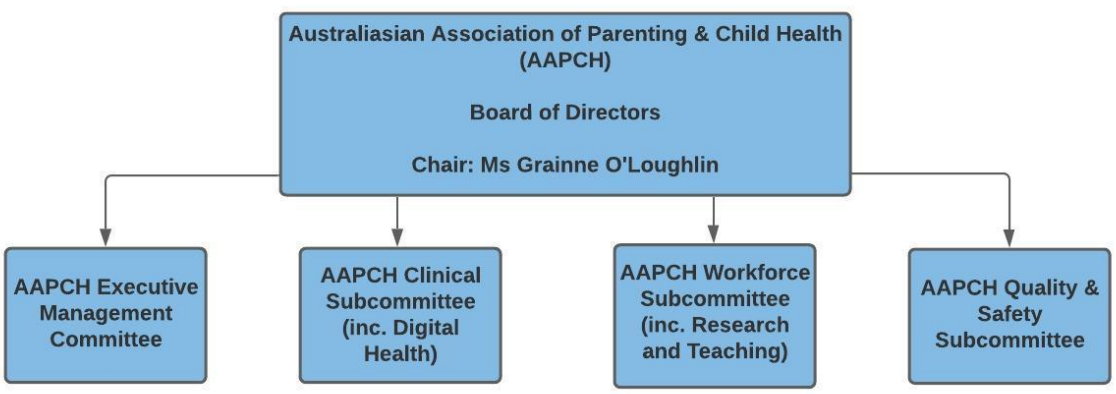


Figure 3: Existing AAPCH organisational governance structure



Budget

Funding required

$10,313,901 over 3 years is required to implement and deliver the NPIMH-CCP (see budget summary table below)

How funds will achieve the intended outcomes and objectives

We have a commitment to Value-Based Healthcare and are conscious of the need to deliver services in an efficient and effective way that focuses on achievement of program outcomes and objectives.

The proposed NPIMH-CCP makes significant use of existing in-kind service infrastructure. Consortium partners are already connected through the existing AAPCH Association, including governance and expert subcommittee structures (see figure 4). We are established early intervention and prevention PIMH service providers in our own right, and will leverage our significant networks, evidence-based service delivery and staff capability to deliver the program. Marketing and promotion will use our existing channels reaching over 1M families every year.

Investment in research and data-based monitoring and evaluation will ensure service objectives and outcomes are achieved in a way that represents value for money. The CQI approach described above enables efficient data-based decision-making that considers efficacy and fidelity of implementation.

Lead agency Karitane has significant triage and intake redesign expertise, with multiple senior staff holding a Graduate Certificate in Clinical Redesign issued jointly by the NSW Agency for Clinical Innovation and the University of Tasmania, and successful projects reducing waitlists by three quarters. The Karitane intake team's capability and expertise will be leveraged to support NPIMH-CCP development, in collaboration with the Care Navigators.

Demand Modelling

We have modelled service delivery and case load for Care Navigators based on the experience of other agencies delivering social sector care navigation services (for example, delivery of the NSW Family Connect and Support program), and triangulated this against birth data in each state for Aboriginal and non-Aboriginal families to determine FTE.

Importantly, while some states have lower birth rates, we believe it is essential to have a single individual allocated to each state, rather than a full-time care navigator operating across two states. This recognises the major service and policy disparities between states and territories, along with significant differences in geography, demographics, place-based network knowledge and barriers to access. Realistically, one person could not be across this much detail for more than one state.

Table 2: Australian birth rates 2019

State/Territory	Number of Births	Number of Aboriginal & Torres Strait Islander Births (% total births)
NSW	96,909	7,128 (7%)
ACT	6,300	306 (4.8%)
Vic	78,463	1866 ((2.3%)
Queensland	61, 795	6882 (11%)
SA	19,526	1060 (5.42%)
WA	33,510	2681 (8%)
TAS	5,716	619 (11%)
NT	3,613	1383 (38%)
Total Australia	**305,000**	**21,925 (7.18%)**

Table 3: Projected incidence of PIMH concerns by state and severity

State/Territory	Mild 8.6%	**Moderate 10.2%**	**Severe 3.4%**	Very Severe 0.6%	Total 22.8%
NSW	8334	**9884**	**3294**	581	22093
ACT	541	**642**	**214**	37	1,434
Vic	6,747	**8003**	**2,667**	470	17,887
Queensland	5,314	**6303**	**2101**	370	14,088
SA	1679	**1991**	**663**	117	4,450
WA	2881	**3418**	**1139**	201	7,639
TAS	491	**583**	**194**	34	1,302
NT	310	**114**	**122**	21	567
Total Australia	**26,297**	**30,938**	**10,394**	**1831**	**69,460**
		Target cohort			

Budget Summary Table

Activity Item	Notes/Basis of estimate	Year 1 $ (excl GST)	Year 2 $ (excl GST)	Year 3 $ (excl GST)	Total $ (excl GST)
Administration					
Telephone & internet Charges	Includes mobiles as 1300 number	$4,000	$3,000	$3,000	**$10,000**
Utilities		$12,000	$12,000	$12,000	**$48,000**
Legal Fees	contracts & legislative compliance	$10,000	$3,000	$3,000	**$16,000**
Audit Fees	Acquittal Reporting	$1,000	$1,000	$1,000	**$4,000**
Administration Overheads	Corporate Governance, Finance, Payroll, HR, IT Support, WHS Support (5%)	$150,000	$150,000	$150,000	**$525,000**
Staff Training	Training Courses	$4,000	$4,000	$4,000	**$13,200**

Office Equipment/Supplies	Computers & Office equipment for Staff in the 1st Year to establish the services for 27 FTE. The cost of equipment/computer be less than $5K per item.	$128,000	$8,000	$8,000	**$144,000**
FTE					
National PIMH-CC Director-1FTE	Salaries & Wages With On Cost	$156,499	$161,194	$166,030	**$509,807**
National PIMH-CC Navigators-13FTE	Salaries & Wages With On Cost	$1,602,931	$1,651,019	$1,700,550	**$4,954,500**
Aboriginal Liaison Officers- 3.5FTE	Salaries & Wages With On Cost	$360,849	$371,675	$382,825	**$1,115,349**
UNSW Research Assitant-.7 FTE	Salaries & Wages With On Cost	$80,246	$82,654	$85,133	**$248,034**
Administration Support Officers-6 FTE	Salaries & Wages With On Cost	$497,952	$512,891	$528,277	**$1,539,120**
Program Analyst- 0.8FTE	Salaries & Wages With On Cost	$94,848	$97,693	$100,624	**$293,166**
Project officer- 1FTE	1FTE for the 1st and 2nd year , thereafter at 0.5FTE	$142,272	$73,270	$75,468	**$326,578**
Travel					

One trip per state or Territory for the year by National PIMH-CC Director	Most meetings will be conducted virtually. Minimum of 7 trips per year with accommodation	$5,000	$5,000	$5,000	**$19,000**
Local Trips by Care Navigators	Most meetings will be conducted virtually, Travel cost based on KM reimbursement	$7,000	$7,000	$7,000	**$21,000**
IT Systems/Maintenance					
Web Site Design, Customisation & Development	Design and customisation of website cost for 1st Year & Maintenance/Licences & Support thereafter	$105,000	$5,000	$5,000	**$115,000**
Outcome Mapping & Monitoring Continuous Quality Improvement	Design and implementation of the CQI data monitoring system, including establishment of a CQI data capture and reporting system, on going data monitoring and training	$179,000	$71,000	$62,000	**$312,000**
Resources		$40,000	$65,000	$15,000	**$135,000**

PIMHS Resource sets	Infant Mental Health & Parenting resources development in collaboration with Raising Children Network for General Community access				
Marketing Promotion	Marketing and Promotion of the service	$15,000	$5,000	$5,000	**$25,000**
Design of Service - PRC Cost	Design and implementation advice to the steering committee by PRC	$40,000	$10,000	$10,000	**$80,000**
	Support with Practice Model design -PRC	$50,000			**$100,000**
Total Budget		**$3,685,597**	**$3,299,396**	**$3,328,908**	**$10,313,901**

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