

STATE GRANT COMPLIANCE REPORTING

Report Template B: Please use this reporting template for the END OF YEAR report

1. Organization:	
Organization Name:	Blue Ridge Hope
Organization Tax ID #:	83-0804789
Project/Activity Title:	Mental Health Counseling Directed Grant
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	131 West 2nd Street, Rutherfordton NC 28139
Phone Number (area code + number):	828-202-3075
Fax Number (area code + number):	828-305-9806
Contact Person:	Travis Smith
Contact Person Title:	Executive Director
E-Mail Address:	tsmith@blueridgehope.org

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer:	Travis smith and Addison Harris	
Phone Number:	828-202-3075	

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Amber Lineberry	Chair
John Miracle	Member at large
Lori Dickson	Member at large
Jackie Hampton	Secretary
Rodney Greene	Member at large

4. What restrictions are placed upon the grant by the grant award document? If the grant award document does not identify specific restrictions, please identify the intended use of the grant funds as included in the award document.			
<u>Restrictions:</u> Intended to provide mental health to the community of Rutherford County, NC			
5. Does the organization have a Conflict of Interest policy?	<input checked="" type="checkbox"/>	yes	no
6. Is the organization a for profit entity?	<input type="checkbox"/>	yes	<input checked="" type="checkbox"/> no

7. Did the organization subgrant or pass down any funds to another organization?			
If yes, answer the following:		yes	<input checked="" type="checkbox"/> no
a. Name of Subgrantee	b. Program Name	c. Amount Subgranted	

8. Program Activities and Accomplishments:
Recipient must complete and submit a separate Program Activities and Accomplishments Report, detailing the program name, the original goals of each program, and a brief narrative of program accomplishments for each funded program. This information is required of all recipients of state funding in an amount greater than or equal to \$25,000.

SCHEDULE OF RECEIPTS AND EXPENDITURES

Report Template C: Please use this reporting template for the END OF YEAR report

9. Organization:	
Organization Name:	Blue Ridge Hope
Organization Tax ID#:	83-0804789
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	131 West 2nd Street, Rutherfordton NC 28139
Phone Number (area code + number):	828-202-3075
Fax Number (area code + number):	828-305-9806
Contact Person:	Travis Smith
Contact Person Title:	Executive Director
E-Mail Address:	tsmith@blueridgehope.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
Department of Health and Human Services	appropriated funds from the North Carolina General Assembly in S.L. 2021-180.	90,000
b. Expenditures		
Category	Dollar Amount	
Personnel	26,996.71	
Contracted Services	19,136.67	
(a)Total Personnel/Contracted Srvcs Costs:	\$46,133.38	
Office Supplies & Materials		
Service Related Supplies		
(b)Total Supplies & Material Costs:		
Travel		
Communications & Postage	4,210.03	
Utilities		
Printing & Binding	4,063.80	
Repair & Maintenance		
Meeting/Conference Expense		
Employee Training (no travel)		
Classified Advertising		
In-State Board Meeting Expenses		
(c)Total Non-Fixed Operating Expense:	\$8,273.83	
Office Rent (Land, Buildings, etc.)	19,200	
Furniture Rental		
Equipment Rental (Phones, Computers, etc.)		
Vehicle Rental		
Dues & Subscriptions	1,690.60	
Insurance & Bonding	5,832.75	
Books/Library Reference Materials		
Mortgage Principal, Interest and Bank Fees		
(d)Total Fixed Charges & Other Expenses:	\$26,723.35	
Buildings & Improvements		
Leasehold Improvements		
Furniture/Non-Computer Equip., \$500+ per item		
Computer Equipment/Printers, \$500+ per item		
Furniture/Equip., under \$500 per item		
(e)Total Property & Equipment Outlay:		
Purchase of Services		

Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
(f)Total Services/Contracts:	
Food	
Other (provide description here): Approved Payroll tax	8,869.44
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
(g)Total Other Expenses:	\$8,869.44
Total Expenditures (sum a through g)	\$90,000.00

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	90,000.00
End of the year cash balance	0

NOTE: If total receipts, expenditures, beginning or ending unexpended grant balance available for expenditures is \$500,000 or more, an audit is required *by G.S. 143C-6-23*.

If there are any questions, please contact the Contract Administrator.

PROGRAM ACTIVITIES AND ACCOMPLISHMENTS REPORT
Report Template D: Please use this reporting template for the END OF YEAR report

Recipient Name:	Blue Ridge Hope
Recipient Tax ID #	83-0804789
Project/Activity Title:	Mental Health Counseling Directed Grant
Recipient's Fiscal Year End:	June 30, 2022
Report Completion Date:	7-13-22
Preparer of This Report:	Travis Smith and Addison Harris

1. What were the original goals and expectations for the activity supported by this grant?

Blue Ridge Hope desired to use awarded funds to assist in the counseling program and general operation of the organization. It was the goal of Blue Ridge Hope to use funds to contract additional mental health professionals to compensate for the growing waitlist of clients desiring counseling services. Additionally, Blue Ridge Hope is designed to offer mental health services to all regardless of income or insurance status. Therefore, it was the desire of the organization to continue to provide life-saving mental health services to individuals who fell on the sliding scale, adjusted to the federal poverty level, for as little as \$10 a session to absolutely nothing if the client has no means to afford services. Additionally, funds would be used to cover the cost of overhead for the organization, such as office rent, utilities, software, and the salaries of administrators who undergird the counseling program.

2. If applicable, how have those goals and expectations been revised or refined during the course of the project?

Over the year, Blue Ridge Hope has used funds awarded to meet the goals and exceptions originally set. Blue Ridge Hope primarily provides mental health services for clients on a sliding-scale system. These mental health services range to meet a variety of needs: from general mental health issues, to trauma, to grief and loss, provided by our qualified mental health professionals. Awarded funding was used by Blue Ridge Hope to support its mental health services through compensating mental health professional's, providing funding for office rent and utilities, and software, as well as supporting the salaries and payment of the administrators who ensure the counseling program operates.

Mainly, the funding was used to ensure the goal of Blue Ridge Hope's mission was accomplished for the fiscal year. That is, ensuring anyone seeking services at Blue Ridge Hope are met with equitable mental health care regardless of their ability to pay or insurance status. One 60 minute mental health counseling session costs the organization roughly \$150 without insurance. To insure the mental health professional is paid, the software used for scheduling, the work completed for intake, and the building with all its functions need to be covered by the organization. If a client without insurance is unable to afford any of the cost of a session, Blue Ridge Hope is designed to cover the cost for them. The funding provided from the State budget allowed the organization to meet the needs of underinsured and uninsured individuals seeking mental health services.

3. What has the activity accomplished with these grant funds? Please include specific information including facts and statistics to support conclusions and judgments about the activity's impact.

During the 2021-2022 fiscal year, Blue Ridge Hope's client base grew by over 200%. In April of 2022 alone, over 100 appointments were made and kept at the organization. This is a 500% increase of appointments per month on average compared to any given month in 2021. For example, in April of 2021, only 21 clients made and kept appointments at Blue Ridge Hope. This incredible uptick in client base is largely due to the organization's ability to contract additional full time mental health professionals. As of the present, Blue Ridge Hope has eight contracted mental health professionals on staff, four of which are full time. Compared to July of 2021, Blue Ridge Hope had two contracted mental health professionals and no full-time therapists. The organization largely credits the funding awarded by the State Budget for allowing this growth. Without funding from the State, Blue Ridge Hope would not have had the ability to grow and serve the number of people served at the rate it did.

The organization continued to fulfill its mission to provide services to all regardless of their income, ability to pay, or insurance status. For the 2022 year, 20% of all clients were not or were underinsured. 29% of clients were Medicaid clients. The organization sees these clients as the reason to continue advocating for equitable access to mental health services and the reason why the work done at Blue Ridge Hope is vital and essential in the community, state, and country.

4. If the activity is a continuing one, briefly summarize future plans and funding prospects.

As the counseling program at Blue Ridge Hope is its primary function, it will continue through the 2022-2023 fiscal year. The future plans for the organization are to continue to contract mental health professionals as there is still a great need for services at Blue Ridge Hope. A goal of the organization is to contract at least 6 full time therapists by December of 2022 in order to provide services in a shorter timeline for the growing waitlist of clients, both with insurance and without.

If there are any questions, please contact the Contract Administrator.