

2022 IMPACT REPORT

# Partnering for health & equity

CHRT



# Thank you for your partnership

In 2022, CHRT's mission-driven portfolio of work evolved to encompass broader cross-sector partnerships, an increased focus on integrating social needs and behavioral and medical care, and a deliberate lens on health equity and disparities across all our work.

Our responsiveness to the changing health care environment through progressive partnerships has enabled us to renew our commitment "to inspire and enable evidence-informed policies and practices that improve the health of people and communities."

The pandemic exacerbated health disparities, but also created opportunities to participate in numerous community and state-wide partnerships in response to significant concerns about public health and social needs.

CHRT built and strengthened a number of important partnerships designed to improve health in 2022. Examples include our collaborative Promotion of Health Equity initiative in 11 counties across the state; our local Washtenaw Health Initiative with health, mental health, and social service leaders; and our growing regional Healthy Aging at Home Network.



**In 2022, we advanced these initiatives and achieved great progress across many other projects, as well. Of particular note, we:**

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**Expanded** innovative health equity projects that help underserved populations improve their health and well-being.

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**Launched** a project to help communities and the state determine how to best spend their opioid settlement dollars.

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**Analyzed** the benefit and cost savings of community health workers and community paramedics.

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**Graduated** our tenth class of health policy fellows, hailing from nonprofits, research organizations, and government agencies.

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**Published** articles identifying telehealth and housing policies to improve the health and well-being of adults aging with disabilities.

**In this report, we highlight our 2022 impact.**

We are proud of CHRT's 2022 accomplishments and our work's impact at the national, state, and community levels.

We thank you—our staff, our clients, our funders, and our many partners—and invite you to continue partnering with us to sustain and enhance positive health equity outcomes.



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Robyn Rontal, Interim Executive Director, Center for Health and Research Transformation (CHRT)



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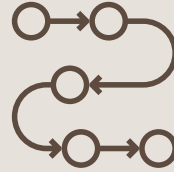
Tony Denton, CHRT Board Chair, SVP and Chief Environmental, Social, and Governance Officer, University of Michigan Health - Michigan Medicine

# 2022 by the numbers



42

active projects managed by our team of three-dozen staff members



\$4.3

million to community organizations and project partners



34

new health policy and public health fellows trained



10

new publications on a range of pressing policy challenges



17

presentations to hundreds of policy and decision leaders



26

media mentions, interviews, and research citations spotlighting our work

# 2022 impact

We are delighted to share just a few of our accomplishments in these areas of focus

HEALTHY AGING

EQUITY

ACCESS AND COVERAGE

PANDEMIC RESPONSE

MENTAL HEALTH

PUBLIC HEALTH

DISABILITY

SUBSTANCE USE

INTEGRATION



HEALTHY AGING



## How can we better support healthy aging?

For older adults and people who are aging with a disability or chronic illness, long term services and supports are crucial.

Payers, providers, patients, and caregivers are calling for more person-centered, coordinated, and sustainable long term care options.

**CHRT'S WORK:**

CHRT has been working with the Michigan Department of Health and Human Services to improve Michigan's long term services and supports for Medicaid enrollees. CHRT:

- developed a national comparison report to understand trends and best practices in long-term services and supports for Medicaid enrollees and
- interviewed Michigan stakeholders and summarized feedback on integrated models, lessons learned, consumer protection, engagement, and behavioral health.

**IMPACT:**

In 2022, CHRT's work supported Michigan Department of Health and Human Services staff in their decision-making process, and led to additional stakeholder engagement opportunities.

In the coming year, CHRT will conduct more stakeholder interviews—this time with Michigan Medicaid enrollees—to gather their first-hand experiences, as well as their suggestions for how to improve the state's long-term services and supports programs.

**MORE HEALTHY AGING WORK:****AGING AT HOME**

The Healthy Aging at Home Network coordinates efforts to make sure that seniors have access to the things they need to age in a healthy way.

**Talk to stakeholders.**

“To better understand what aging adults need, we’ve got to talk to stakeholders. In the case of long term services and supports, that means health care providers and payers, public health departments, area agencies on aging, advocacy organizations, and of vital importance, those who need and use the services.”

— JAQUE KING, ASSOCIATE DIRECTOR, HEALTH POLICY

ACCESS AND  
COVERAGE



## Can language and design improve health care access and coverage?

When Michigan legislators established Medicaid work requirements, the Michigan Department of Health and Human Services used plain language and human-centered design to make the policy easier for enrollees to understand and execute.

While the policy was countermanded at the start of the COVID-19 pandemic, CHRT was retained to evaluate the department's communications approach.

**CHRT'S WORK:**

CHRT's research and evaluation team led 11 focus groups and fielded a survey to collect data from community health navigators, who help Michiganders with Medicaid and Healthy Michigan Plan enrollments, renewals, and administrative requirements.

They found that while navigators felt that the policy, exclusion process, and reporting requirements were far too complex, the human-centered communications made the requirements easier to understand.

**IMPACT:**

The findings from CHRT's evaluation were published in the *Journal of the American Medical Association Health Forum*.

Based on feedback from navigators, the authors concluded that states should take on more of the Medicaid administrative reporting burden, including reporting requirements for work hours and eligibility determination. Shifting this reporting burden from individuals can help reduce unnecessary loss of health insurance benefits.

**MORE ACCESS WORK:****REIMBURSEMENT FOR COMMUNITY PARAMEDICS**

CHRT analyzed a local community paramedicine program, highlighted its value, and stressed the importance of ongoing funding.



## Yes. By removing obstacles to enrollment.

“Public benefit programs and policies can be confusing for enrollees. The findings from this study can guide governmental agencies through the design and implementation of benefit programs to remove unnecessary obstacles to enrollment.”

— SAMANTHA IOVAN, SENIOR HEALTH POLICY ANALYST

BEHAVIORAL HEALTH



## What can we do about behavioral health workforce shortages?

The United States is experiencing a behavioral health workforce shortage crisis—nearly half of us live in a mental health workforce shortage area.

Community Health Workers (CHWs) are frontline health workers who often live in the communities they serve. Prior studies suggest that CHWs add significant value in healthcare settings, but little has been documented about the roles CHWs fill in behavioral health care.

**CHRT'S WORK:**

CHRT researchers conducted a qualitative study to better understand the role of community health workers in behavioral health care settings:

- reviewed the literature on CHWs in Certified Community Behavioral Health Clinics (CCBHCs),
- interviewed staff at CCBHCs, CHW organizations, and state departments (including the Medicaid office), and
- conducted a focus group with representatives from CCBHCs.

**IMPACT:**

CHRT's researchers found that CHWs could extend the behavioral health workforce by providing:

- patient-centered care and case management,
- warm handoffs to psychologists, psychiatrists, and SUD providers,
- connections to appropriate medical and social services.

**MORE MENTAL HEALTH WORK:****MENTAL HEALTH MILLAGE SUPPORT**

CHRT helps Washtenaw County's Public Safety and Mental Health Preservation Millage implementation through strategic communications and programmatic support.

**COMPLEX SYSTEMS MODELING FOR CRISIS CARE**

CHRT applies complex systems modeling to understand and strengthen Washtenaw County's local acute mental health crisis care system.



## Community health workers may be the answer.

“CHWs are particularly trusted and deeply rooted members of their communities. CHWs could be a relatively low-cost, effective way to extend the behavioral health workforce—opening up a whole new pool of eligible professionals.”

— ERICA MATTI, SENIOR HEALTH POLICY ANALYST



DISABILITY



## How can we help people with disabilities find adequate housing?

For people living with disabilities, the U.S. housing crisis is magnified.

Less than five percent of housing is accessible for people with moderate mobility difficulties and less than one percent of housing is accessible for wheelchair users.

Accessible housing units are in high demand, but people with disabilities are also twice as likely to be low-income and to be unable to pay for costly accessibility renovations.

**CHRT'S WORK:**

Since 2018, CHRT has provided research, training, and policy analysis to a national center for excellence on healthy aging for adults with physical disabilities.

CHRT's interim executive director, Robyn Rontal, is one of the center's co-principal investigators and CHRT has produced six research papers since participating in the national center.

For this work, CHRT explored national barriers, best practices, and policies related to affordable and accessible housing for people with physical disabilities.

**IMPACT:**

With a rising number of extremely low income (ELI) and elderly individuals with disabilities seeking housing, the need for affordable and accessible housing is more urgent than ever.

CHRT's policy brief on affordable and accessible housing--which was distributed nationally--recommends local and state policies and practices that could increase such housing for low-income individuals with physical disabilities.

**MORE DISABILITY WORK:****TELEHEALTH FOR PEOPLE WITH DISABILITIES**

Telehealth challenges for people with disabilities and the opportunities policymakers should consider.

**HEALTHY AGING WITH DISABILITY SOLUTIONS**

Organizations share common challenges around healthy aging with disabilities and ways to overcome them.



## Address compounded housing barriers

“Individuals with disabilities experience compounded housing barriers due to limited employment opportunities, obstacles accessing education and support services, inadequate income assistance, high costs, and extreme levels of housing inaccessibility.”

— ABIGAIL LINDSAY, HEALTH POLICY ANALYST

INTEGRATION



## Michigan physicians screen for social needs, but what happens next?

Physicians are well positioned to screen their patients for health-related social needs and refer them to local programs and services to receive help.

CHRT researchers wanted to understand whether Michigan physicians screen their patients for social needs and know where to refer them for community-based social services.

**CHRT'S WORK:**

In 2022, CHRT shared findings from a survey it conducted of Michigan physicians. The survey focus? How frequently Michigan physicians screen their patients for social needs and refer them to community-based social service providers for help.

While 84 percent of Michigan physicians surveyed reported that they routinely screen their patients for at least one social need, CHRT found that roughly half of the physicians surveyed did not routinely screen patients for key health-related social needs such as lack of transportation, housing insecurity, and food insecurity.

**IMPACT:**

CHRT presented its findings to the Michigan Department of Health and Human Services Social Determinants of Health Summit. CHRT's recommendations included:

- investing in workforce development, including community health worker training;
- teaching physicians about existing referral services, such as 211;
- providing financial support to community-based organizations for serving referred patients
- improving mechanisms to share social needs data between primary care physicians, specialists, and community based organizations.

**MORE INTEGRATION WORK:****PRIMARY AND BEHAVIORAL HEALTH CARE INTEGRATION**

The Michigan Department of Health and Human Services is collaborating with community partners to promote the integration of primary and behavioral health care services in three underserved counties across the state.

**POLICE AND BEHAVIORAL HEALTH INTEGRATION**

CHRT evaluates Washtenaw County's Law Enforcement Assisted Diversion and Deflection program, which provides officers with alternatives to citation, arrest, or incarceration for individuals with behavioral health disorders.



## Many don't know how to refer patients for support.

“With this survey, we were able to give physicians a platform for sharing their experiences with social needs screenings and referrals, as well as their thoughts on what would help their teams advance the work. It is important that policymakers and other healthcare decision makers take physicians' perspectives into account when designing policies and protocols to address health related social needs.”

— MARISSA RURKA WADE, RESEARCH AND EVALUATION SENIOR PROJECT MANAGER



EQUITY



## What can we do to better address health related social needs?

Social needs like housing, food, and transportation have an enormous impact on health and wellbeing.

To better serve communities and to enhance equity, medical, behavioral, and social service providers need to be able to make cross sector referrals.

**CHRT'S WORK:**

For the Promotion of Health Equity (PHE) initiative, CHRT is working with partners across Michigan to build a statewide infrastructure that improves data sharing and addresses disparities.

CHRT provides backbone support for the project, facilitates a multi-disciplinary learning network, and gathers and analyzes data to understand the impact on people and communities.

**IMPACT:**

PHE is improving health and reducing disparities for Medicaid enrollees in 11 Michigan counties.

Partners from across the state are working to integrate clinical, social needs, and health equity data; enable cross-sector data sharing between medical providers and social service providers; scale social needs service delivery models; and support community information exchange.

**MORE IN HEALTH EQUITY:****RRTC EQUITY CENTER PROJECT LAUNCH**

Through a newly funded Rehabilitation Research Equity Center, organizations and investigators, including CHRT, are working to enhance the health and functioning of individuals with disabilities.



**We need a statewide infrastructure that makes it easier to connect people to the services they need.**

“Bringing together so many regions from across the state, each with their own unique challenges, is unprecedented. We are coming together to support the integration between health and social care services.”

– SHARON KIM, DIRECTOR OF HEALTH AND SOCIAL EQUITY

PANDEMIC RESPONSE



## How does long COVID impact the health of Michigan's residents and economy?

In May 2020, several months into the COVID-19 pandemic, a new COVID-related health issue emerged: lingering symptoms of COVID months after recovery.

This phenomenon, dubbed long COVID, was poorly understood by patients and physicians alike.

**CHRT'S WORK:**

CHRT researchers surveyed Michiganders to better understand the prevalence and impact of long COVID in the state.

They found that one in every three Michiganders they surveyed self-identified as a COVID long hauler.

They also found that those with long COVID were more prone to financial hardship.

**IMPACT:**

CHRT's survey was one of the first studies to investigate long COVID in Michiganders and was cited in a number of news stories across the state.

CHRT shared a series of long COVID recommendations for policymakers and employers, including expanded sick leave and broader access to disability insurance.

**MORE PANDEMIC RESPONSE PROJECTS:****PRIMARY AND BEHAVIORAL HEALTH CARE INTEGRATION**

How to better support behavioral health workers during public health emergencies.

**COVID-RELATED DISPARITIES**

Early findings from NIH-funded social, behavioral, and economic research studies on COVID-related disparities.



## Through job instability, financial hardship, and more.

“Our ultimate objective is that this report informs state policymakers in their efforts to mitigate the effects of long COVID on Michigan’s economy and population health.”

— JONATHAN TSAO, RESEARCH AND EVALUATION  
SENIOR PROJECT MANAGER



PUBLIC HEALTH



# How can we strengthen our public health systems to improve population health?

Public health emergencies such as the opioid epidemic and the COVID-19 pandemic have put a spotlight on the deficiencies in America's public health infrastructure.

What have we learned? Federal, state, and local public health systems can better protect the public's health with effective collaboration, adequate and flexible funding, and high-functioning surveillance and data systems.

Today, in the aftermath of COVID-19, many public health agencies are exploring ways to strengthen their systems.

**CHRT'S WORK:**

CHRT interviewed local public health officials, legislators, providers, funders, and additional experts from health plans, law enforcement, and advocacy organizations that work with underserved populations.

In the interviews, CHRT asked what a high functioning public health system looks like and what resources are available to achieve it; how to strengthen relationships with local communities; how public health can present more unified messages; and what gains we could expect from stronger connections between public health and health systems?

**IMPACT:**

CHRT's research informed the Michigan Department of Health and Human Services Public Health Advisory Committee.

The advisory committee analyzed and discussed CHRT's interview findings and developed a set of seven recommended actions.

Each recommendation includes a description of a course of action as well as a way to determine whether that action achieved its intended effect.

**MORE IN PUBLIC HEALTH:****COMMONWEALTH FUND INTEGRATION PROJECT**

With support from the Commonwealth Fund, CHRT explores avenues for public health and primary care integration through analysis of four states that are leaders in this work.

**Integration can help.**

“With public health under the spotlight in recent years, experts have been on the lookout for ways to better integrate public health with primary care, behavioral health, and other disciplines.”

— NANCY BAUM, DIRECTOR OF HEALTH POLICY



SUBSTANCE USE



## How should we invest Michigan's opioid settlement dollars?

After the national opioid settlement agreement in February 2022, Michigan received \$800 million to address the opioid crisis.

Half of those funds were distributed to municipalities across the state for local outreach and prevention and half will be managed by the state.

Both the state and its local municipalities need to know how to best use those resources to address gaps in care.

**CHRT'S WORK:**

In advance of the settlement, CHRT worked with MDHHS to analyze results from its Opioid Settlement Prioritization Survey, which was distributed to SUD organizational representatives and individuals with lived experience.

CHRT found that respondents primarily wanted settlement funds to be used for recovery support services, prevention programs, and expanding access to medications used to treat opioid use disorder.

**IMPACT:**

CHRT was asked by the Michigan Opioid Partnership to produce a report to help local communities and the state choose evidence-based programs that will maximize the impact of their settlement dollars.

CHRT will continue to provide information to local governments and the state, and has now been asked to help local communities as they develop and refine their own plans for use of opioid funds.

**MORE SUBSTANCE USE WORK:**

**BACKBONE SUPPORT TO THE WHI OPIOID PROJECT**

In our own community and across the country, opioid overdose deaths have reached epidemic levels. The Washtenaw Health Initiative (WHI) Opioid Project intends to change that.



**UNITED AUTO WORKERS PEER SUPPORT PILOT**

The UAW is working to provide support for union members who are personally struggling with Substance Use Disorder (SUD), or who have a loved-one with SUD.



**In evidence-based programs and equitable access.**

“While we have a wide array of resources in the state, we still have a lot more work to do to ensure that they are available in an equitable fashion such that those who need them most have reliable access.”

— HOLLY QUIVERA TEAGUE, HEALTH POLICY ANALYST



# Outreach and Engagement

PUBLICATIONS

PRESENTATIONS

MEDIA MENTIONS



## PUBLICATIONS

February 10, 2022

**Michigan physicians share perspectives on telehealth opportunities and challenges**

*Terrisca Des Jardins, Melissa Riba, Marissa Rurka, and Karin Teske*

May 23, 2022

**Results from MDHHS’ opioid settlement prioritization survey 2021-22**

*Samantha Iovan, Marissa Rurka, and Karin Teske*

May 24, 2022

**Long COVID’s impact on Michiganders and the Michigan economy**

*Terrisca Des Jardins, Melissa Riba, Marissa Rurka, Karin Teske, Jonathan Tsao, and Poonam Yadav*

June 24, 2022

**Clear language and human-centered design can help Medicaid enrollees keep their coverage**

*Samantha Iovan, Patrick Kelly, and Renu Tipirneni, MD*

June 30, 2022

**Physicians’ knowledge of where to refer patients for social needs increased; opportunities remain**

*Terrisca Des Jardins, Melissa Riba, Marissa Rurka, and Karin Teske*

August 29, 2022

**Telehealth for people with disabilities: opportunities policymakers should consider**

*Natalie Lawson, Jaque King, and Robyn Rontal*

December 06, 2022

**Funding community paramedicine is an ongoing challenge, in spite of value and savings**

*Nancy Baum, Jason Fair, Samantha Iovan, Terrisca Des Jardins, Erica Matti, and Alexis Ventimiglia*

December 12, 2022

**Housing crisis is magnified for people with physical disabilities. Here’s how we can help.**

*Jaque King and Abigail Lindsay*

December 13, 2022

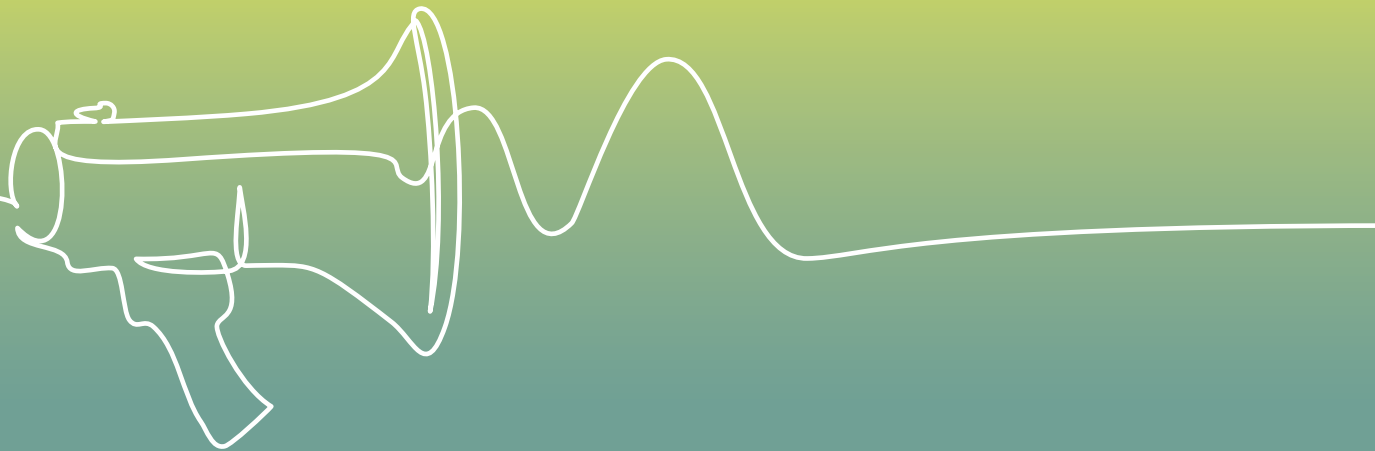
**The value of community health workers in extending the behavioral health workforce**

*Nancy Baum and Erica Matti*

December 16, 2022

**Supporting behavioral health care providers during public health emergencies**

*Samantha Iovan, Brittney Julie, Patrick Kelly, Jaque King, and Kyra Martin*



## PRESENTATIONS

January 13, 2022

**Broadband internet access and the health of people with disabilities**

*Philippa Clarke and Robyn Rontal*  
IDEAL Rehabilitation Research and Training Center

April 21, 2022

**Addressing the social determinants of health**

*Melissa Riba*  
State of Reform Health Policy Conference,  
Lansing, MI

May 25-27 2022

**Addressing substance use in the workplace**

*Matt Hill*  
United Auto Workers Health and  
Safety Representative Summit

March 08, 2022

**Lessons learned in engaging community-based organizations**

*Terrisca Des Jardins*  
Institute for Healthcare Innovation  
National Learning Action Network

April 27-28, 2022

**Disability and rehabilitation research following the COVID-19 Pandemic**

*Robyn Rontal*  
National Association of Rehabilitation  
Research and Training Centers

June 07, 2022

**Innovative approaches to the behavioral health workforce shortage**

*Nancy Baum*  
National Conference of State  
Legislatures Convening

April 11-14, 2022

**Translating community-based work to payers for sustainability**

*Deana Smith*  
American Society of Aging  
Conference, New Orleans, LA

April 28-29, 2022

**Challenges and advantages of various CCBHC models**

*Karin Teske*  
Promoting Integration of Primary and  
Behavioral Health Care Convening

July 14, 2022

**Healthy aging for adults with long-term physical disabilities**

*Robyn Rontal*  
IDEAL Rehabilitation Research and  
Training Center and ICPSR



July 26-27, 2022

**Integrating and sustaining social care within traditional health delivery**

Terrisca Des Jardins  
 Institute for Healthcare Innovation  
 National Learning Action Network

October 12, 2022

**Medicaid policy and healthy aging for individuals with disabilities**

Robyn Rontal

October 14, 2022

**Identifying research to improve public health policy**

Nancy Baum  
 The Commonwealth Fund public health policy grantee convening

November 11-12, 2022

**Law Enforcement Assisted Diversion and Deflection pilot evaluation**

Jadrienne Horton  
 American Evaluation Association Annual Meeting

September 20, 2022

**Physician engagement in assessing and addressing SDOH**

Melissa Riba  
 Area Agencies on Aging Association of Michigan

October 13, 2022

**Importance of community health workers in health care delivery**

Sharon Kim  
 BCBSM physician diversity council meeting

October 23-25, 2022

**Using technology and care teams to improve maternal and infant health**

Sharon Kim  
 NCQA 2022 Health Innovation Summit, Orlando, FL

November 28, 2022

**Overcoming behavioral health workforce shortages in rural America**

Nancy Baum, Jaque King  
 Kansas State Legislature Special Commission on Mental Health Beds

October 04, 2022

**Addressing gaps in the behavioral health workforce**

Nancy Baum  
 Tampa Bay Thrives Convening, Tampa, FL

October 13, 2022

**Integrating community health workers into care coordination**

Ayse Buyuktur  
 BCBSM Healthy Safety Net Symposium

November 02, 2022

**The impact of siblings on caregiver psychological well-being**

Marissa Rurka  
 Gerontological Association of American Annual Meeting

# MEDIA MENTIONS

January 27, 2022

**Northern Michigan University rural health director to learn at UM health policy fellowship**

Jack Hall  
Radio Result Network

January 27, 2022

**Obamacare sign-ups surge in Michigan, uninsured rate hovers just above 5%**

JC Reindl  
Detroit Free Press

February 02, 2022

**UM health policy expert discusses Medicaid redetermination and SIP legislation**

Patrick Jones  
State of Reform

March 25, 2022

**Home-visit programs save money, free ERS. Many insurers don't cover them**

Ted Roelofs  
Bridge Michigan

April 11, 2022

**Nearly 100 organizations coming to the 2022 Michigan State of Reform Health Policy Conference**

Matt Beuschlein  
State of Reform

April 15, 2022

**Michigan's Medicaid ballooned during COVID. It's about to be pared back**

Robin Erb  
Bridge Michigan

May 26, 2022

**CHRT report details long COVID's effect on physical, mental, and financial health of Michiganders**

Patrick Jones  
State of Reform

May 29, 2022

**Women may be experiencing more long COVID than men. We don't know why.**

Kate Wells  
Michigan Radio

June 19, 2022

**Long COVID answers are coming into focus, slowly**

Justin Hicks  
mLive

June 30, 2022

**CHRT study shows effectiveness of MDHHS outreach methods to Medicaid members**

Patrick Jones  
State of Reform

September 16, 2022

**As Long COVID wreaks havoc on people and the workforce, experts call for more support**

Kyle Davidson  
Michigan Advance

September 19, 2022

**CHRT discusses results from physician survey on screening patients for food insecurity**

Katie DeBow  
WJR Food First Michigan

September 21, 2022

**Researchers seek solutions for Michigan's 700,000 COVID long haulers**

Estelle Sloomaker  
Model D Media

September 29, 2022

**Michigan Senate OKs \$565 million for mental health funding**

Robin Erb  
Bridge Michigan

October 26, 2022

**How can Washtenaw County solve its mental health care provider shortage?**

Rylee Barnsdale  
Second Wave Media

October 27, 2022

**Researchers seek solutions for Michigan's 700,000 COVID long haulers**

Estelle Sloomaker  
Second Wave Media

November 04, 2022

**Billing for emergency department psychiatric care**

Heather Catallo  
Michigan Media

November 10, 2022

**Proportion of Michiganders covered by Medicare, Medicaid, and private insurance**

J.C. Reindl  
Detroit Free Press

# 2022 Partners

BOARD OF DIRECTORS

FUNDERS AND CLIENTS

STAFF AND INTERNS



## BOARD OF DIRECTORS



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**Nancy Baum**  
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**Ayse G. Büyüktür**  
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**Emma Golub**  
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**Jennifer Black**  
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**Kirsten Cormier**  
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**Gudrun Bossmann**  
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**Terrisca Des Jardins**  
Executive Director



**Matt Hill**  
WHI Project Manager

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**Marissa Rurka Wade**  
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# 2022 Financial Position



## Audited statement of financial position

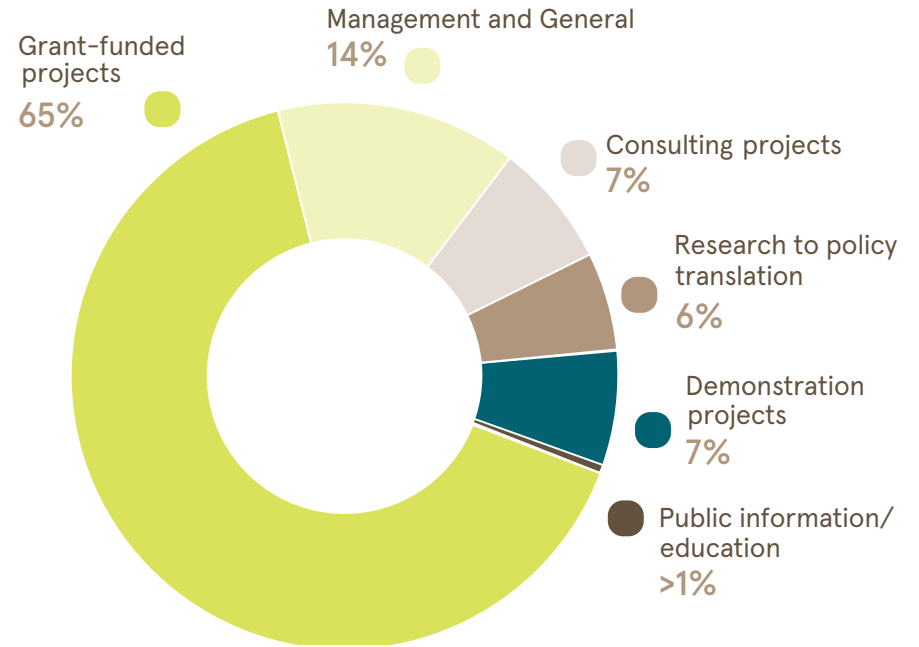
December 31, 2022

ASSETS	2022	2021
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 1,203,795	\$ 1,325,255
Contracts receivable	311,200	805,581
Contributions receivable	1,754,665	
Prepaid expenses and other	44,850	44,218
<b>Total current assets</b>	<b>\$ 3,314,510</b>	<b>\$ 2,175,054</b>
Property and equipment, Net	\$ 52,915	\$ 23,616
<b>Total assets</b>	<b>\$ 3,367,425</b>	<b>\$ 2,198,670</b>

LIABILITIES AND NET ASSETS	2022	2021
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 62,397	\$ 25,378
Grants payable	1,025,245	183,662
Accrued liabilities and other	178,488	185,661
Deferred revenue	1,339	24,098
Refundable advance	91,834	175,109
<b>Total liabilities</b>	<b>\$ 1,359,303</b>	<b>\$ 593,908</b>
<b>NET ASSETS</b>		
Without donor restrictions	\$1,840,540	\$1,365,401
With donor restrictions	167,582	239,361
<b>Total net assets</b>	<b>\$ 2,008,122</b>	<b>\$ 1,604,762</b>
<b>Total liabilities and net assets</b>	<b>\$ 3,367,425</b>	<b>\$ 2,198,670</b>

## Sources of expenditures

12 months ended December 31, 2022 (audited)





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