

MARYLAND STATE DRUG AND ALCOHOL ABUSE COUNCIL

Minutes April 22, 2009

In Attendance: Teresa Chapa, John Colmers (Chair), Carlos Hardy, Renata Henry, Rebecca Hogamier, Bobby Houston, Kim Kennedy, Thomas Liberatore (for DOT), George Lipman, Patrick McGee, Kevin McGuire, Kathleen O'Brien, Glen Plutschak, Laura Rajala (GOC), Kathleen Rebbert-Franklin, Kirill Reznik, Richard Rosenblatt, Gale Saler, Greg Shupe, Larry Simpson (DHCD), Peter Singleton (MSDE), Suzan Swanton (Executive Director), David Treasure (DBM)

- I. Call to Order:** The meeting was called to order at 3:00 p.m.
- II. Approval of Minutes:** The minutes for the December 9, 2008 Council meeting were approved as written.
- III. Maryland's New Direction: Vision and Principles:** Renata Henry, Deputy Secretary for Behavioral Health and Disabilities, presented her thoughts on the current state of healthcare for mental health and substance use (M/SU) conditions and the principles that will underpin her leadership toward quality healthcare for individuals with these conditions in Maryland. Referring to the Institute of Medicine's (IOM) *Crossing the Quality Chasm: A New Health System for the 21st Century* and *Improving the Quality of Health Care for Mental and Substance Use Conditions*, she discussed how healthcare for M/SU conditions is frequently not delivered in ways that are consistent with science or that enable improvement and recovery. She noted two of the IOM's overarching recommendations for redesign of a more effective healthcare system for these two conditions and highlighted some distinctive differences between healthcare in general and that for M/SU conditions. The "Six Aims of High Quality Healthcare" were presented: Healthcare should be safe, effective, patient-centered, timely, efficient, and equitable. Deputy Secretary Henry then discussed rules for achieving these aims and strategies for implementing them. She informed the Council of what she sees as key emerging issues: healthcare reform and implications for behavioral health; data management and use for planning, decision-making and accountability; financial restructuring; partnership with criminal justice system and monitoring outcomes; and implementation of a recovery-oriented system of care (ROSC). Finally, she presented her five overarching goals for the three administrations in Behavioral Health and Disabilities: 1. Consumer is a partner in service decisions; 2. Identify and eliminate disparities; 3. Promote health and wellness; 4. Promote excellence in care; 5. Ensure quality and efficiency in management and administration.
- IV. Strategic Plan:** Suzan Swanton, Executive Director, reported on the strategic plan. She reminded the Council that, as per the Executive Order, it is due to be submitted to

the Governor in August 2009. She discussed the work of the three workgroups established to develop the plan. They have been meeting over the last few months reviewing and discussing: substance abuse use and treatment data, jurisdictional strategic plans, promising practices both in the state and out of state, information about the service delivery system's strengths and gaps from stakeholders and providers across the state, the principles of a ROSC, and the goals of the Deputy Secretariat for Behavioral Health and Disabilities of the Department of Health and Mental Hygiene. From these discussions and reviews, the Safer Neighborhoods and Healthier Maryland workgroups, identified five top recommendations. The next steps are for these workgroups to prioritize these recommendations, develop strategies to advance the recommendations, set benchmarks and timelines for progress, estimate the cost and effort of each recommendation, and identify who is accountable to monitor and achieve the benchmarks. Finally, these recommendations will be submitted to the Council to finalize a plan during a day-long retreat on June 24, 2009.

It was also noted that the Council is planning a half-day forum of discussion for the Chairs and Vice-Chairs of Local Drug and Alcohol Abuse Council to provide them technical assistance for their strategic planning and give them the opportunity to meet with their peer , discuss successes and challenges, share promising practices, and explore potential for regional planning, This will be held on May 27, 2009.

V. Workgroup Reports and Discussion

A. Healthier Maryland Workgroup: Rebecca Hogamier reported on the work of this workgroup. She noted their process and the data/information they have reviewed. Their preliminary recommendations concern:

1. Access to quality health care
 - a. Improve quality care and services coordination
 - b. Integrate mental health and substance use with primary care
 - c. Workforce development (recruitment and training)
 - d. Promotion of wellness and recovery
2. Treatment Protocols
 - a. Evaluation and treatment services
 - b. Treatment across lifespan
 - c. Drug and mental health court expansion
3. Funding
4. Data Issues

B. Safer Neighborhoods Workgroup: Glen Plutschak reported on this workgroup's progress. He noted their process and the data/information they have reviewed.

Their preliminary recommendations concern:

1. Improvement of screening, assessment, evaluation and placement for all individuals who interface with the treatment, criminal justice and juvenile justice at all points of the continuum of care.
2. Expansion of needed treatment services for individual in the criminal justice system.

3. Expansion of re-entry services and inter-organization linkages.
4. Exploration of the value of having shared budget practices and shared State Stat deliverables for major stakeholder agencies involved in supervision and treatment of addicted offender in order to leverage dollars and improve service.
5. Increasing and improving of data/information sharing capabilities among division within the DPSCS and among these divisions and treatment and others social services to improve client care.

C. Planning and Coordination Workgroup: Kevin McGuire reported on the work of this workgroup. He noted that the bulk of their work will be done in May when the other two workgroups produce their recommendations. It is the work of this group is to review the priorities and strategies and coordinate the work of the other workgroups to present to the Council for review and approval.

VI. Maryland Prevention of Underage Drinking and Coordinating Committee: The Chair announced the establishment of the Maryland Prevention of Underage Drinking and Coordinating Committee as a sub-committee of this Council. He noted the importance of this Committee and its special interest to the Governor, First Lady, and himself. Underage drinking is a major public health and public safety issue. The membership will consist of representatives from other state government departments and agencies, and other stakeholders. The committee's mission statement and tasks was distributed. Council members suggested that representatives from DJS, MHA, DHR, the District Court, the prevention community, and youth also be included as members. A discussion was held concerning problems in using citation data to identify underage drinkers in some jurisdictions; the need to understand the nature and extent of underage drinking in each jurisdiction; and what data about underage drinking is available through the State Epidemiological Outcomes Workgroup (found at www.maryland-adaa.org and www.cesar.umd.edu) to help guide the work of the committee. Members noted that while some evidence-based prevention practices involve the services of law enforcement agencies to address public policy and practices, it was important to remember that the focus of this committee is on prevention and the promotion of health and wellness, and not a law enforcement.

VII. ADAA Updates: Kathleen Rebbert-Franklin reminded the Council of ADAA's application for SPF-SIG. It is her understanding the awardees have been chosen but they have not yet been notified as to who they are. She reported that ADAA's solicitation for residential beds has been issued and vendors selected. They are hoping to get approval of the budget from the Board of Public Works at the Board's May 20, 2009 meeting so ADAA can move forward on July 1, 2009. These contracts will purchase residential beds with providers who are able to treat substance abusers with or without co-occurring disorders.

VIII. Future Meetings: It was emphasized that the June 17, 2009 scheduled meeting is cancelled due to the June 24, 2009 day-long work session. The Chair stated that he would like to schedule these meetings in different parts of the State. He instructed the staff to seek an alternative venue in a different region of the State for the September 16, 2009 meeting.

The next SDAAC meeting will be on **September 16, 2009, 3:00 p.m. to 5:00 p.m.**
The site is to be determined.

IX. Adjournment: The meeting was adjourned at 4:40 p.m.

MARYLAND STATE DRUG AND ALCOHOL ABUSE COUNCIL

Minutes September 16, 2009

In Attendance: Marsha Beckett (for DJS), Thomas Cargiulo, Jim Chambers (for MHA), David Dawkins (for DPP), Renata Henry (for Chair), Rebecca Hogamier, Kim Kennedy, Thomas Liberatore (for DOT), George Lipman, Kevin McGuire, Kathleen O'Brien, Glen Plutschak, Laura Rajala (GOC), Kirill Reznik, Richard Rosenblatt, Gale Saler, Suzan Swanton (Executive Director), Chris Zwicker (for DBM)

- I. **Call to Order:** The meeting was called to order at 3:05 p.m.
- II. **Approval of Minutes:** The minutes for the April 22, 2009 Council meeting were approved as written.
- III. **Deputy Secretary for Behavioral Health and Developmental Disabilities:** Renata Henry, Deputy Secretary for Behavioral Health and Disabilities, introduced Tom Cargiulo as the new Director of the Alcohol and Drug Abuse Administration and thanked Kathleen Rebbert-Franklin for serving as Acting Director for the past year. She then presented an update for BHDD:
 - A. **Budget:** There have already been two rounds of cost containment actions for FY 2010. The cost revenue report is due out tomorrow and it is not expected to be good. It is estimated that there will be an additional 100-200 million dollar shortfall. All of the cost containment measures have been hard on the DHMH and difficult decisions had to be made.
 - B. **Council seat vacancies:** Josh Sharfstein has resigned from the council. He was a gubernatorial appointment to the council as a "knowledgeable professional." He was also a health officer and we will be approaching the Maryland Association of County Health Officers for a recommendation of another Health Officer to be appointed to the Council.
 - C. **Office of National Drug Control Policy:** The new director of ONDCP will be holding a roundtable discussion in Maryland on September 25, 2009 to get input for the new national drug strategy plan. The meeting is by invitation. Secretary Colmers, Deputy Secretary Henry, Tom Cargiulo (director of the Alcohol and Drug Administration) will be in attendance.
 - D. **Behavioral Health and Developmental Disabilities:** Deputy Secretary Henry has completed her regional forums. These were meetings that brought together local staff from the different administrations. During those meetings, she shared her vision of the future, and the participants shared information about their departments and their consumer issues and needs.
 - E. **Financial Restructuring for Substance Abuse Services:** Meetings to discuss issues concerning PAC expansion have been on going. Many counties are doing

innovative things. It is believed that, while challenges still remain, the PAC expansion will be beneficial for the consumer. Likewise, Delegate Hammen's committee continues to meet regarding additional restructuring of funding.

IV. ADA Update: Tom Cargiulo presented the ADA plan to meet the Governor's goal of expanding access to substance abuse service by 25% by 2012. He presented four goals, and strategies, measures and outcomes for each. ADA's four goals are:

1. Expand Buprenorphine Treatment Access
2. Redirect payment for outpatient care from State-funded grants to Medicaid payments
3. Develop a recovery –oriented system of care model in Maryland
4. Re-engineer existing system of care.

It was emphasized that the approach to achieving the 25% increase in access to services represented by these goals was a preliminary effort in strategizing methods to accomplish the Governor's goals. It is not the final product. The PowerPoint presentation can be found at www.maryland-sdaac.org.

V. Maryland Strategic Prevention Framework State Incentive Grant: Maryland was awarded a Strategic Prevention Framework State Incentive Grant by the federal Substance Abuse and Mental Health Services Administration for Substance Abuse Prevention. The award is in the amount of \$2,135,724 per year for five years, beginning July 1, 2009. These funds will be used to implement a cross-system statewide strategic prevention planning and services systems. The overarching goals of this initiative are:

1. Prevent the onset and reduce the progression of substance use disorders, including childhood and underage drinking.
2. Reduce substance related problems.
3. Build prevention capacity and infrastructure at state, local and community.

The Maryland Strategic Prevention Framework (MSPF) will operate through a partnership consisting of: the Governor's Office, the State Drug and Alcohol Abuse Council (SDAAC), the 24 local drug and alcohol abuse councils, the Center for Substance Abuse Research, and the Maryland Alcohol and Drug Abuse Administration.

The Maryland Prevention of Underage Drinking Committee, a committee of SDAAC, will serve as the MSPF Advisory Committee.

VI. Strategic Plan -Next Steps: Suzan Swanton, Executive Director of the Council discussed the next steps in executing the strategic plan. She explained that there five workgroups would be:

1. **Collaboration and Coordination Workgroup:** This workgroup is tasked with identifying and addressing barriers to collaboration and sharing of resources among departments and agencies in service delivery. **See pages 13-14 of Strategic Plan for detailed strategies and timelines** (Goal I) (Kevin McGuire volunteered to Chair)
2. **Prevention Workgroup:** The tasks of this workgroup will be given to the Maryland Prevention of Underage Drinking and Coordinating Committee, a subcommittee of the State Drug and Alcohol Abuse Council (SDAAC). **See page 14 of Strategic Plan for detailed strategies and timelines.** (Goal I) (Delegate Reznik volunteered to Chair)
3. **Technology Workgroup:** This workgroup is tasked with developing an implementation plan to establish an integrated database, including elements of an electronic patient/consumer record, and developing a plan to create and implement a database with the capability of providing a reservation system for available treatment slots/bed in the State. (The tasks of the “Access to Care” and the “Electronic Records” workgroups have been subsumed under the Technology Workgroup.) **See pages 14-15 of Strategic Plan for detailed strategies and timelines.** (Goal 1) (Chris Zwicker volunteered to Chair)
4. **Workforce Development Workgroup:** This workgroup is tasked with developing a plan to improve recruitment, retention and quality of the substance abuse services workforce. **See pages 15-17 of Strategic Plan for detailed strategies and timelines.** (Goal 1) (Chair TBA)
5. **Criminal Justice Services Workgroup:** This workgroup is tasked with developing a plan to: improve the transfer of client information among designated agencies and among staff at all stages of criminal justice process; improve and expand screening and assessment protocols; improve and expand treatment services for the criminal justice population; and identify best practices in re-entry services. **See page 15 of Strategic Plan for detailed strategies and timelines.** (Goal II) (Glen Plutschak volunteered to Chair)

All workgroups should meet, address relevant tasks noted in the Strategic Plan, and make recommendations to the Council as a whole. Workgroups are expected to provide progress reports at each Council meeting.

Several of the workgroups recommended by the Strategic Plan are not listed because: the tasks of the “Access to Care” and the “Electronic Records” workgroups were subsumed under the “Technology Workgroup; the “Co-occurring Conditions Services Workgroup” tasks were already being addressed by a workgroup in BHDD; and the “Strategic Plan Governance Workgroup” tasks

would be performed by the Council. Kathleen O'Brien volunteered to chair this activity.

VII. General Discussion/Comments:

- A.** There was concern that Del. Hammen's committee had not been informed of the recommendations found in the Council's Strategic Plan. Deputy Secretary Henry stated she would make the plan available to the committee.
- B.** Some concern was expressed concerning the ADAA goals to meet the Governor's goal of 25% increase in access to substance abuse services. Some questioned how the work done by the Council and the recommendations of the Strategic Plan fit into the goals of the Administration. There was also concern that there was no input from the Judiciary particular in regards to some strategies noted concerning residential treatment. Assurances were made by Tom Cargiulo and Renata Henry that the stated goals were not finalized.
- C.** The next council meeting will be held at Anchor House, a treatment facility in Charlotte Hall. Anyone wishing to have a tour of the facility before the meeting should contact Suzan Swanton to make arrangements.

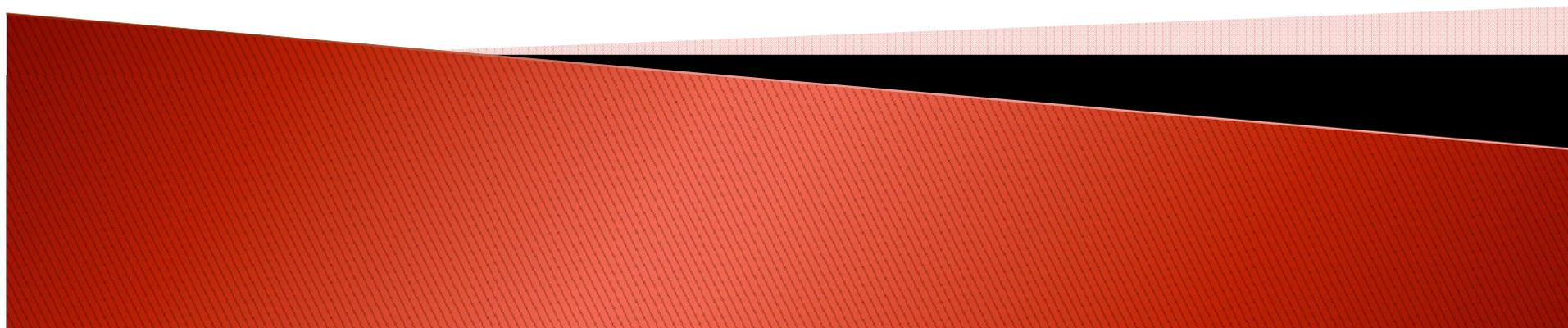
VIII. Future Meetings:

- **December 16, 2009** - Anchor House, 30007 Business Center Drive, Charlotte Hall, Md.
- **April 21, 2010** – Washington County Health Department, 1302 Pennsylvania Avenue, Hagerstown, Md.
- **June 23, 2010** – ADAA, Spring Grove Hospital Center, Catonsville, Md.
- **September 15, 2010** - TBD

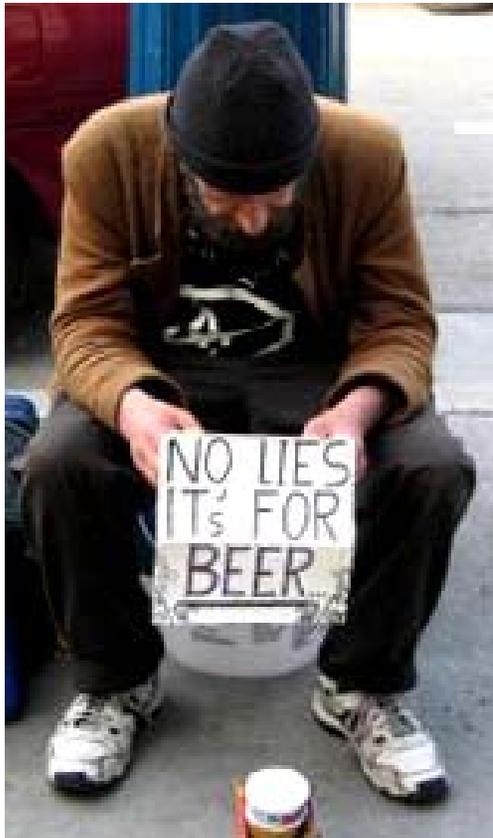
IX. Adjournment: The meeting was adjourned at 4:25 p.m.

Expanding Drug Treatment in Maryland

Tom Cargiulo, PharmD, BCPP
Alcohol and Drug Abuse Administration
September 16, 2009



The Acute Care Model of Addiction Treatment



- ▶ The majority of people completing addiction treatment resume AOD use in the year following treatment.

(Wilbourne & Miller, 2002)

- ▶ Of those who consume alcohol and other drugs following discharge from addiction treatment, 80% do so within 90 days of discharge.

(Hubbard, Flynn, Craddock, & Fletcher, 2001)

Expand Access to Substance Abuse Services by 25% by 2012 – Summary of the Plan

Approach

- Target opportunities both to expand treatment capacity and to create efficiencies within the current system that open services to new patients
- Focus on increasing evidence based practices that will reduce costs and readmission rates

Goals

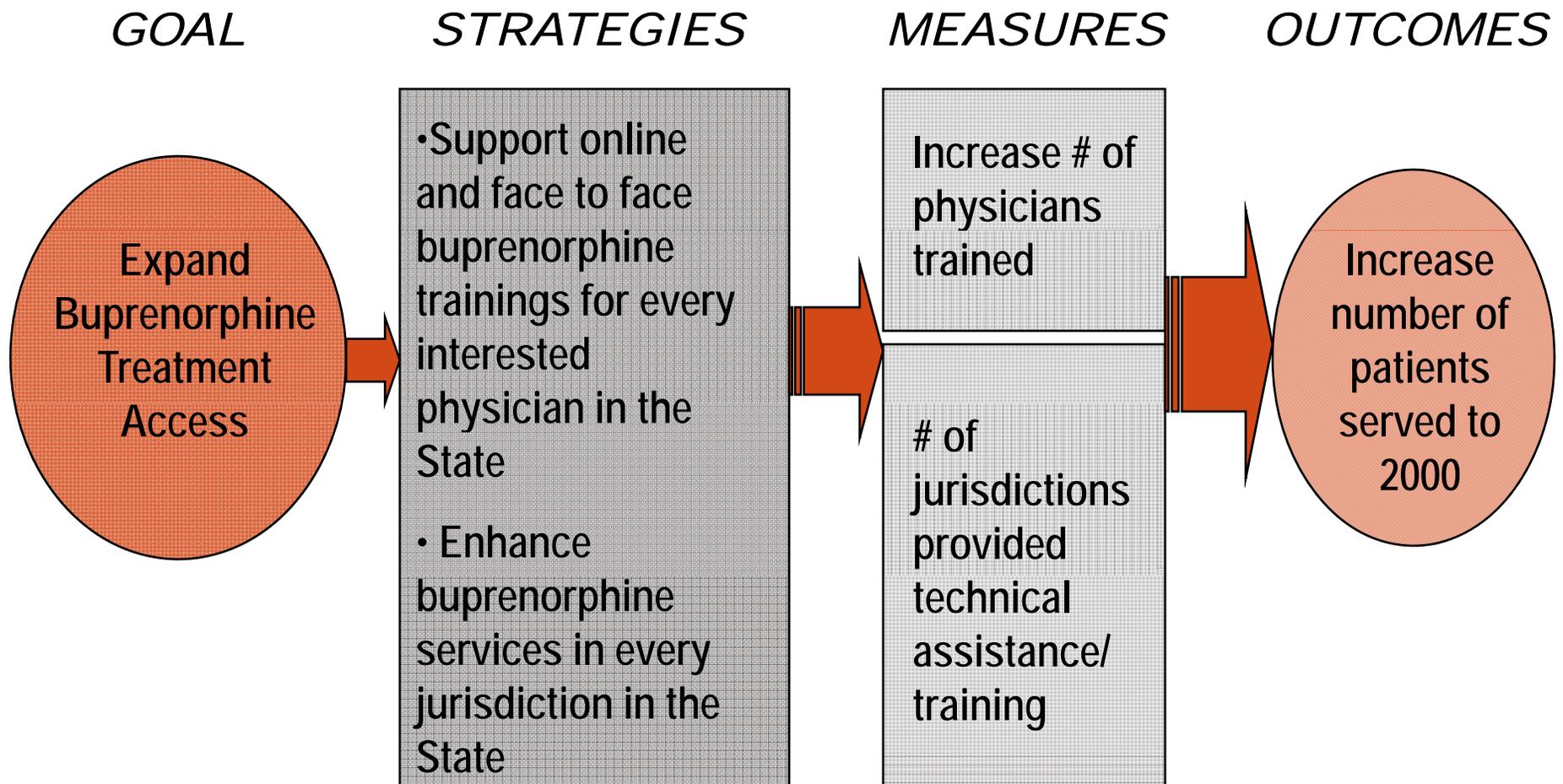
- Increase amount of funds available to pay for drug treatment
- Expand array of evidence based services available to patients
- Increase efficiencies within current system of care

Strategies

- Increase availability of buprenorphine treatment, recovery support services, and continuing care
- Shift to MA fee for service, drawing federal matching funds
- Reduce quantity of higher cost residential and expand quantity of lower cost services

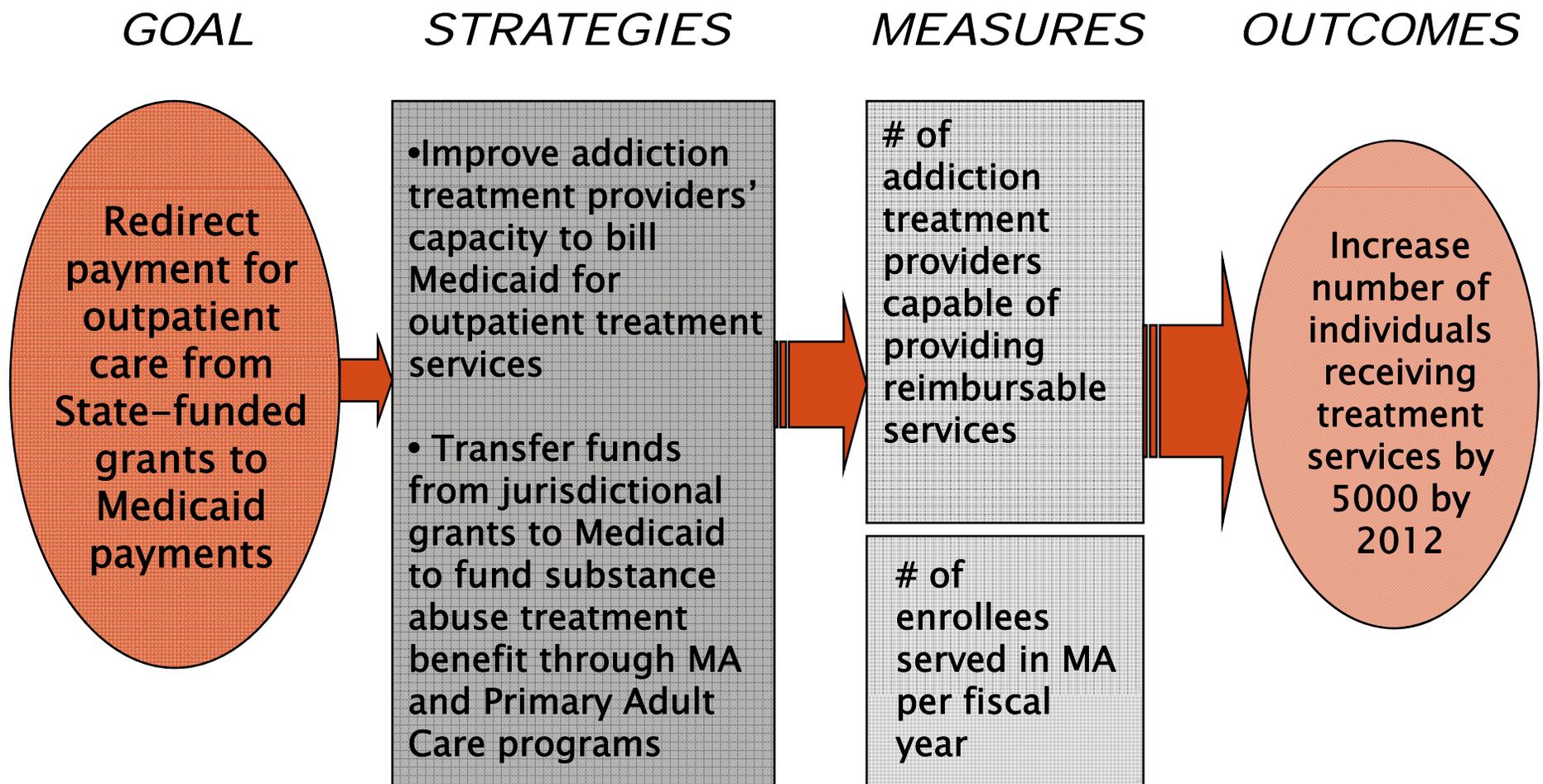
Expand Access to Substance Abuse Services

Goal 1: Expand Buprenorphine Treatment Access



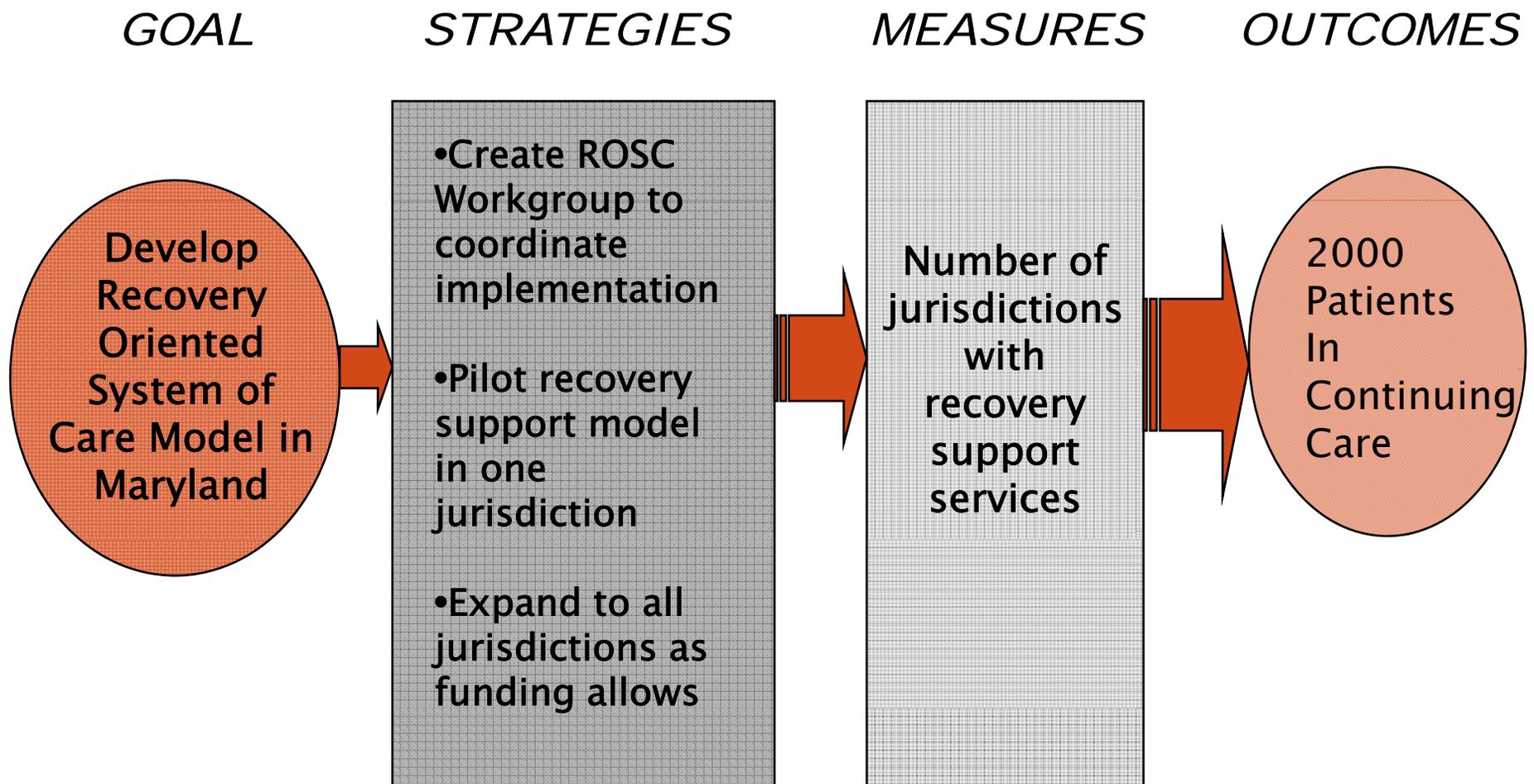
Expand Access to Substance Abuse Services

Goal 2: Redirect Payment for Outpatient Care from State-funded Grants to Medicaid Payments



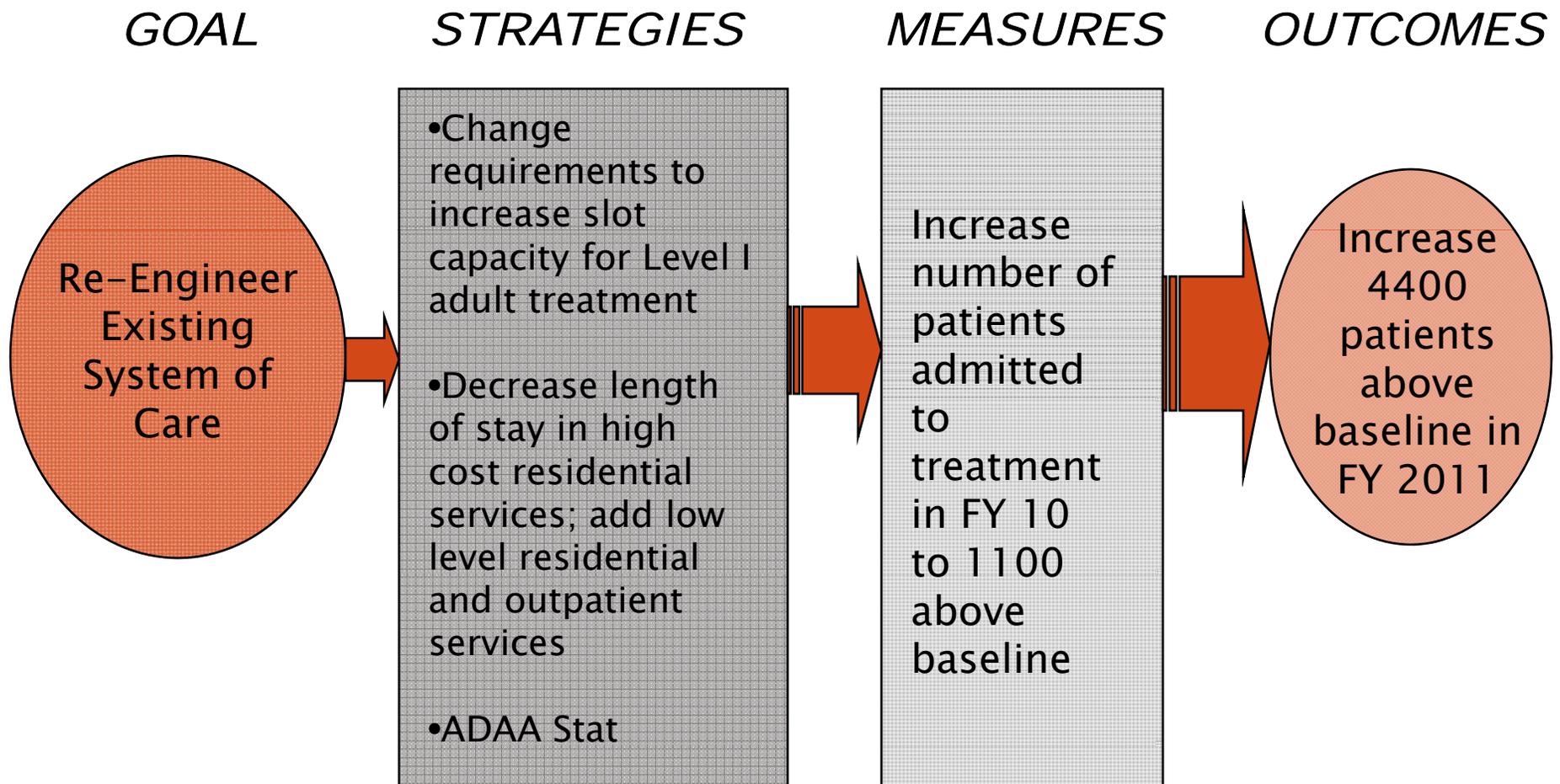
Expand Access to Substance Abuse Services

Goal 3: Develop Recovery Oriented System of Care Model in Maryland



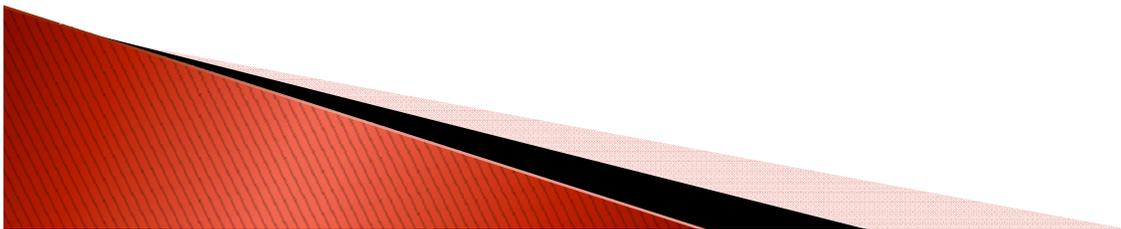
Expand Access to Substance Abuse Services

Goal 4: Re-Engineer Existing System of Care



Maryland Strategic Prevention Framework

- ▶ \$2,135,724 per year for 5 years
- ▶ Statewide vision for prevention
- ▶ Information based on primary scientific research
- ▶ Stages of Becoming Addicted





Maryland State Drug and Alcohol Abuse Council

55 Wade Avenue • Catonsville, Maryland • 21228

Martin O'Malley
Governor

Anthony G. Brown
Lt. Governor

Maryland State Drug and Alcohol Abuse Council

Agenda December 16, 2009

1. **Introductions and Remarks** – John Colmers
2. **Approval of Minutes** – John Colmers
3. **Deputy Secretary for Behavioral Health and Disabilities** – Renata Henry
 - Update and Q & A
4. **ADAA Update** – Tom Cargiulo.
 - Update and Q&A
5. **Strategic Plan – Workgroup Progress** – Suzan Swanton
 - Criminal – Juvenile Justice Workgroup
 - Technology Workgroup
 - Workforce Development Workgroup
 - Collaboration/Coordination Workgroup
 - Prevention – SPF Workgroup
6. **Additional Comments from Council members** – John Colmers
7. **Comments from the Public** – John Colmers
8. **Future Meetings:** All meetings are held between 3:00 p.m. and 5:00 p.m.
 - **April 21, 2010** – Washington County Health Department, 1302 Pennsylvania Avenue, Hagerstown, Md.
 - **June 23, 2010** – ADAA, Spring Grove Hospital Center, Catonsville, Md.
 - **September 15, 2010** - TBD
9. **Adjournment**

MARYLAND STATE DRUG AND ALCOHOL ABUSE COUNCIL

Minutes December 16, 2009

In Attendance: Albert Brier, Thomas Cargiulo, Jim Chambers (for MHA), Carlos Hardy, Rebecca Hogamier, Kim Kennedy, Thomas Liberatore (for DOT), Pat McGee, Kevin McGuire, Kathleen O'Brien, Glen Plutschak, Laura Rajala (GOC), Kirill Reznik, Gale Saler, Suzan Swanton (Executive Director),

- I. **Call to Order:** The meeting was called to order at 3:05 p.m.
- II. **Approval of Minutes:** The minutes for the September 16, 2009 Council Meeting were approved as written.
- III. **ADAA and Behavioral Health and Developmental Disabilities Update:** Due to the absence of Chairman Colmers and Deputy Secretary Renata Henry, Tom Cargiulo chaired the meeting and presented updates:
 - **Budgets:** Dr. Cargiulo presented information on the DHMH, ADAA, DDA, and MHA FY09-FY10 budgets including budgets cuts, categories of cuts, and general funds and total funds. This PowerPoint presentation is available on www.maryland-sdaac under the December 16, 2009 meeting information. He noted that over the past 2 years DHMH has absorbed 42% of the total state budget cuts. In response to a question, Dr. Cargiulo stated that we do not yet know about the FY 11 budget.
 - **Upper Shore Hospital Closing:** The Upper Shore Hospital will be closed due to funding cuts. Beds will be added to the Whitsitt Center to provide services.
 - **PAC Expansion:** Those present were reminded that the PAC expansion will be effective 1/1/10. The intent is to be able to separate the money that programs bill/collect from PAC from grant money, thus giving programs more leeway in how they spend this money and allowing them to carry over unspent money from year to year. Programs should, potentially, be able to build their infrastructure under this financial structure. It was acknowledged that some counties are worried that they will not be able to bill/collect the amount of funds they gave up to the PAC expansion. This will be tracked by ADAA and there is intent to provide jurisdictions with technical assistance not only in billing but in collecting as well.
 - **Jurisdata:** Dr. Cargiulo discussed the Jurisdata process of reviewing system data to improve outcomes. He will be meeting with jurisdictions monthly to discuss their data.

IV. Strategic Plan- Workgroup Progress Reports:

- **Criminal-Juvenile Justice Workgroup:** This workgroup has met twice, with another meeting scheduled on January 25, 2010. They reported on the data showing the interface between the criminal justice system and the treatment system. This group has spent time determining the best way to address its tasks. Initially, they decided that they would create a flow chart of the journey an individual makes through the criminal justice system and the points of potential assessment/evaluation/intervention along the way. The chart will represent an optimum system. This will enable the workgroup to identify what currently exists and where/what barriers are present that prevent the optimum system of care. They also expressed an interest in knowing what the Administration sees as a priority in terms of the goals of the Strategic Plan.

- **Technology Workgroup:** This workgroup identified several pieces of information it will need to get before being about to make recommendations regarding and integrated data base and an electronic record. From each department involved, they want to know:
 - What systems, databases the department is currently using;
 - What projects the department has going on now to improve/change their current system;
 - What information their department needs in an electronic record.The workgroup is seeking additional members and would like representatives from each department or agency. They noted that there is a lot of work being done by the Maryland Health Information Exchange in developing an electronic record. This is only for somatic care and the question is whether or not behavioral care can be included in this record. The workgroup also noted that the time frames in the Strategic Plan appear overly aggressive given the economic constraints and the backlog of more mature IT project. They stated that it would be helpful for the members of the Council to discuss ongoing and planned or deferred State IT projects that may be help or hinder the progress of the Council's proposals.

- **Workforce Development::** The Councils workgroup on Workforce Development has merged with that of the Maryland Addiction Directors' Council's (MADC) workgroup. MADC's workgroup has been meeting for several years and they have embraced the goals and strategies found in the strategic plan as their agenda. The strategies fall into the two broad categories of improving retention and recruitment. They have prioritized strategies and assigned lead persons to each. This workgroup meets monthly.

- **Collaboration/Coordination Progress:** The workgroup noted that that they reviewed the Children's Cabinet as a model for the coordination and collaboration of agencies serving a specified population. The workgroup suggested that it may be helpful to have a subcommittee of the agencies represented at the council meet every other month to discuss and resolve barriers to collaboration as the

Children's Cabinet does. The quarterly meeting schedule of the Council is not frequent enough to address the concerns that need to be addressed. This workgroup expressed concerns that the fee-for service structure of funding being proposed will limit staff time available for such coordination/collaboration meetings. As others have, the workgroup expressed a desire to know what the Administration's priorities are regarding the goals in the Strategic Plan.

- **Prevention-Strategic Prevention Framework Advisory Committee:** The Committee had its first meeting in December 2009 and another scheduled one in February. The workgroup consists of about 30 members that are representative of the major government agencies and other stakeholders with a vested interest in prevention. The committee has three goals: prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; reduce substance abuse-related problems and build prevention capacity and infrastructure at the State and Community levels. It has 3 workgroups: the State Epidemiological Outcomes Workgroup; the Evidence-based Practice Workgroup and the Cultural Competence Workgroup. The primary task the Committee is working on is the development of the State's Strategic Framework plan that is due in April to the federal agency. Once this is submitted, the grant funds will be released to the State.

V. Future Meetings: All meetings are held between 3:00 p.m. and 5:00 p.m.

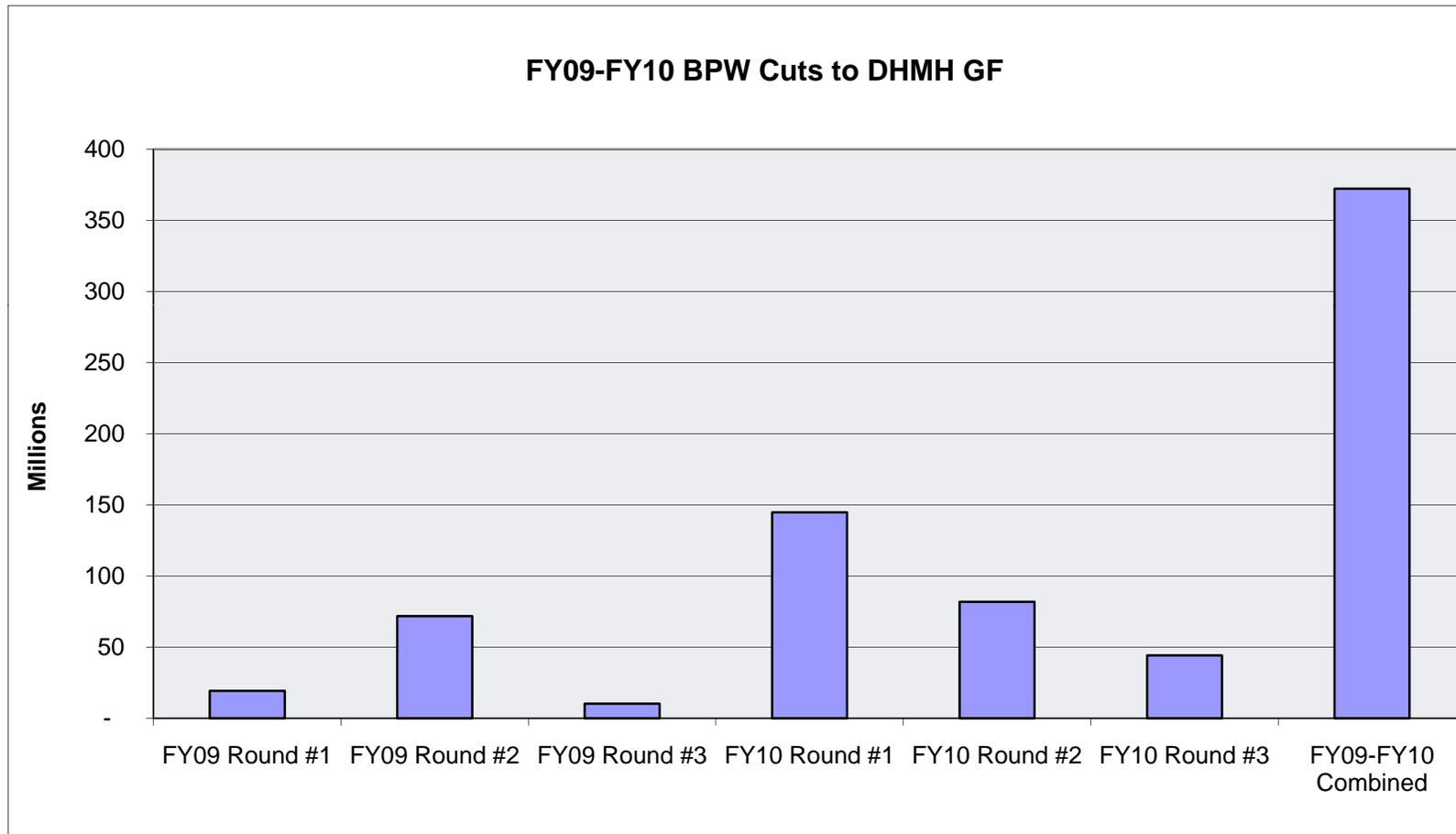
- **April 21, 2010** – Washington County Health Department, 1302 Pennsylvania Avenue, Hagerstown, Md.
- **June 23, 2010** – ADAA, Spring Grove Hospital Center, Catonsville, Md.
- **September 15, 2010** - TBD

VI. Adjournment: The meeting was adjourned at 4:25 p.m.

Maryland State Drug and Alcohol Abuse Council

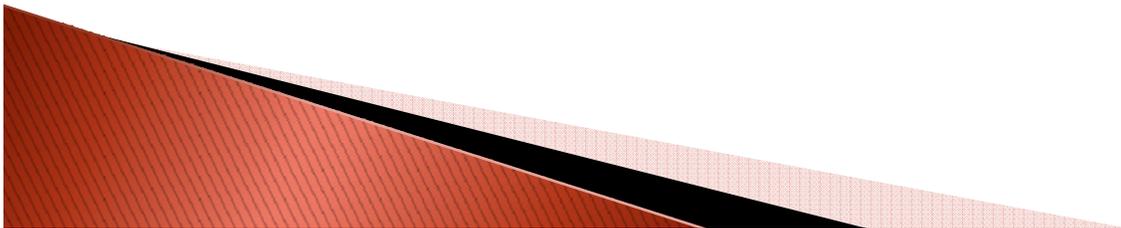
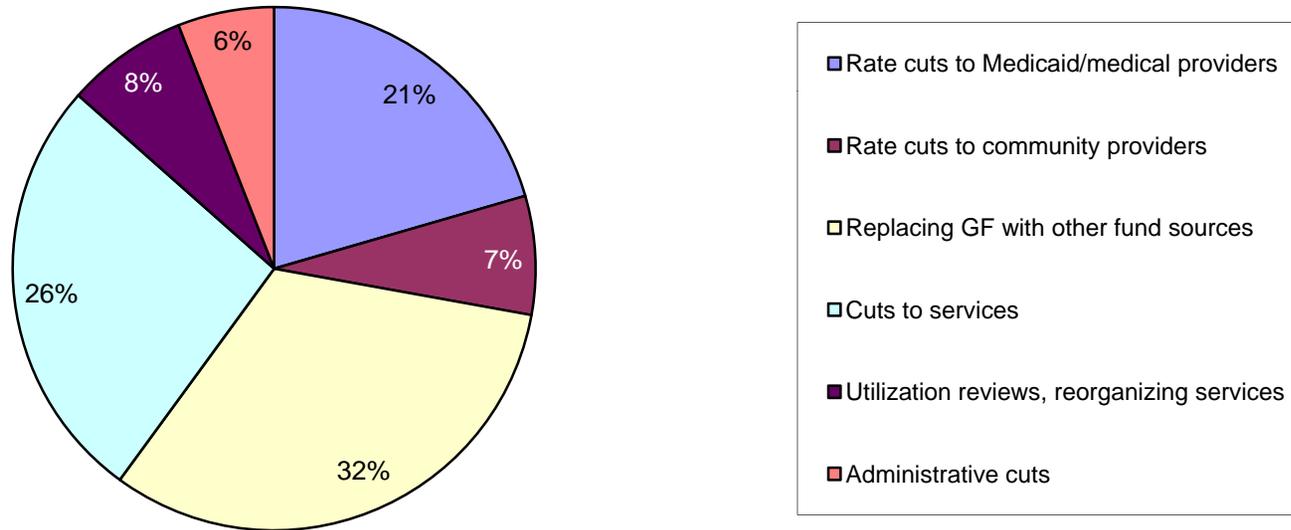
Thomas Cargiulo, Pharm.D., B.C.P.P.
Director
Alcohol and Drug Abuse Administration
December 16, 2009

Combined FY09-FY10 DHMH Cuts

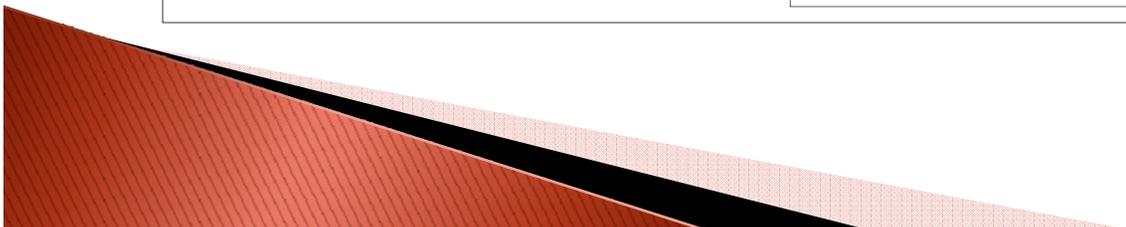
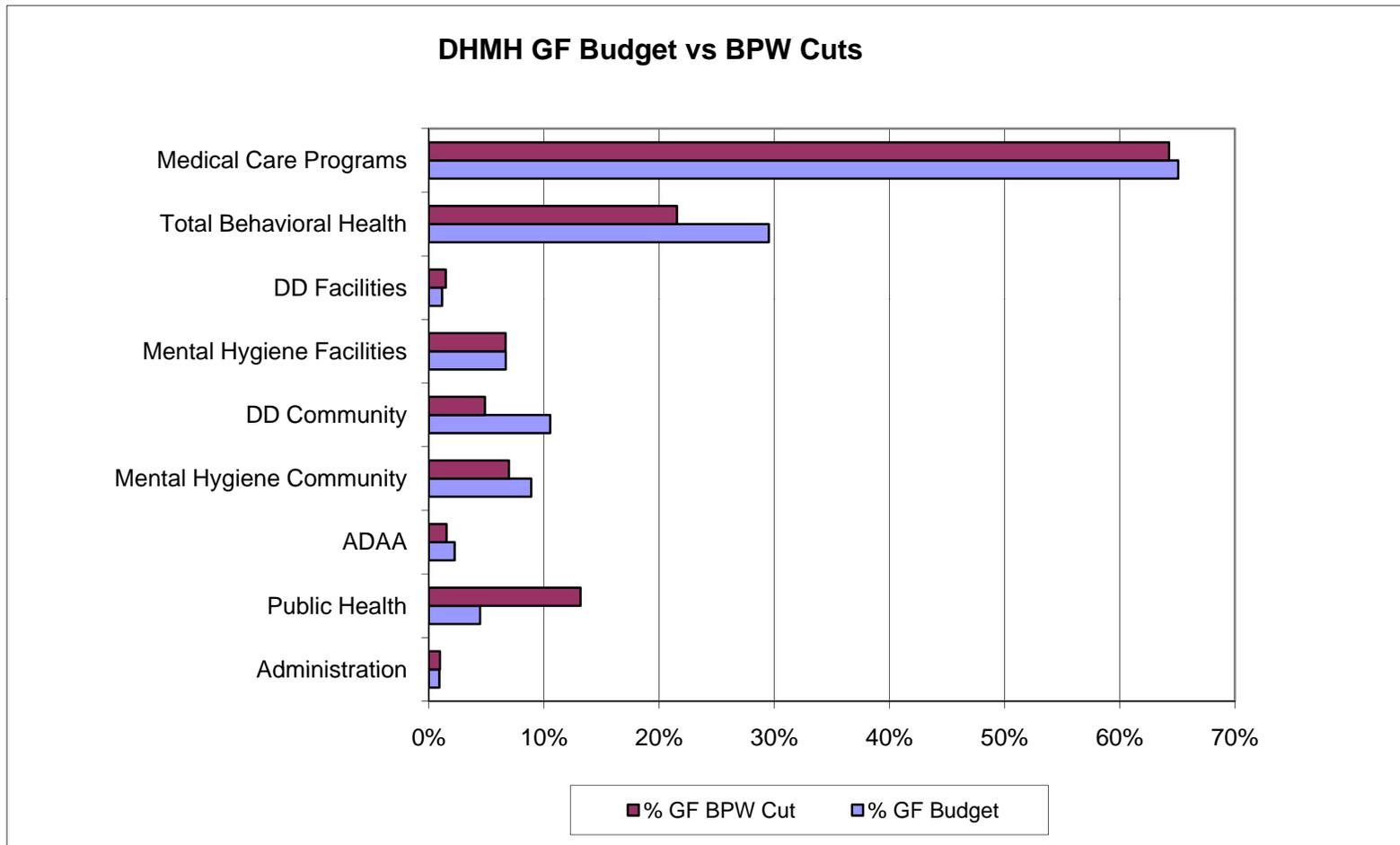


Category of Cuts FY09-FY10

DHMH BPW Cuts by Category

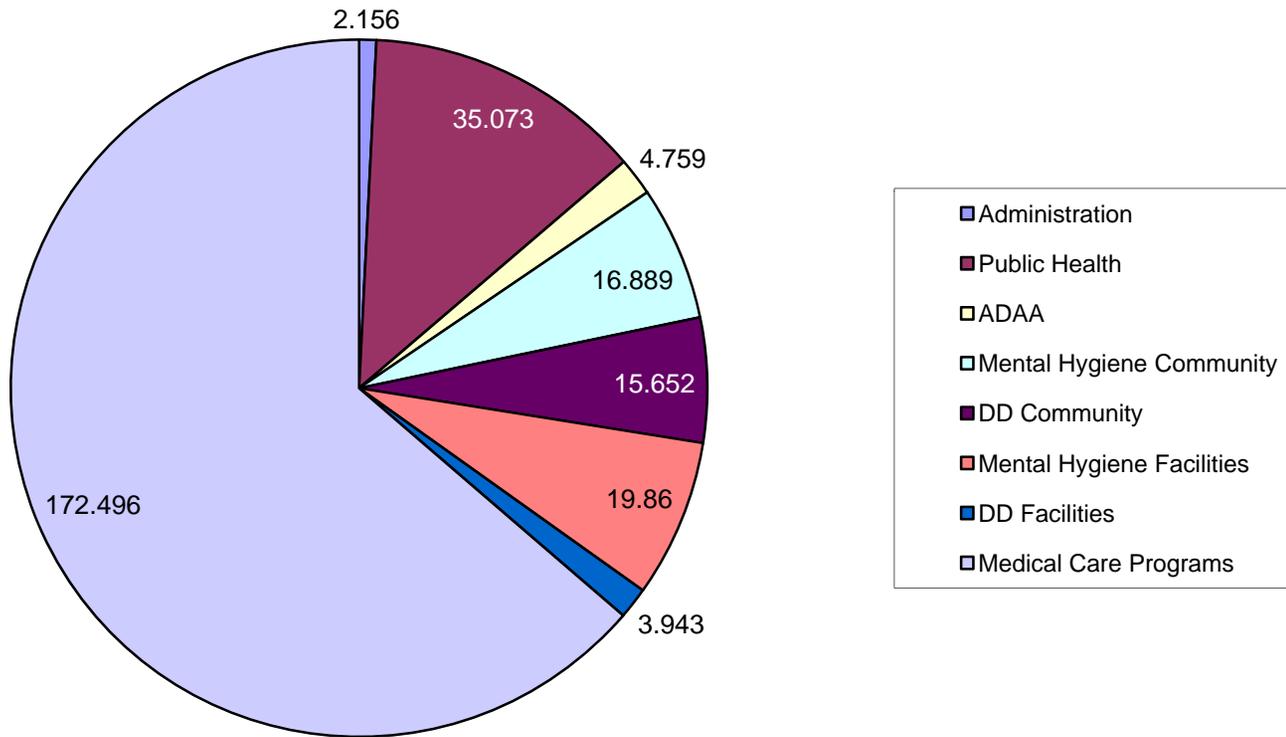


Funding Cuts Compared to Budget FY09-FY10

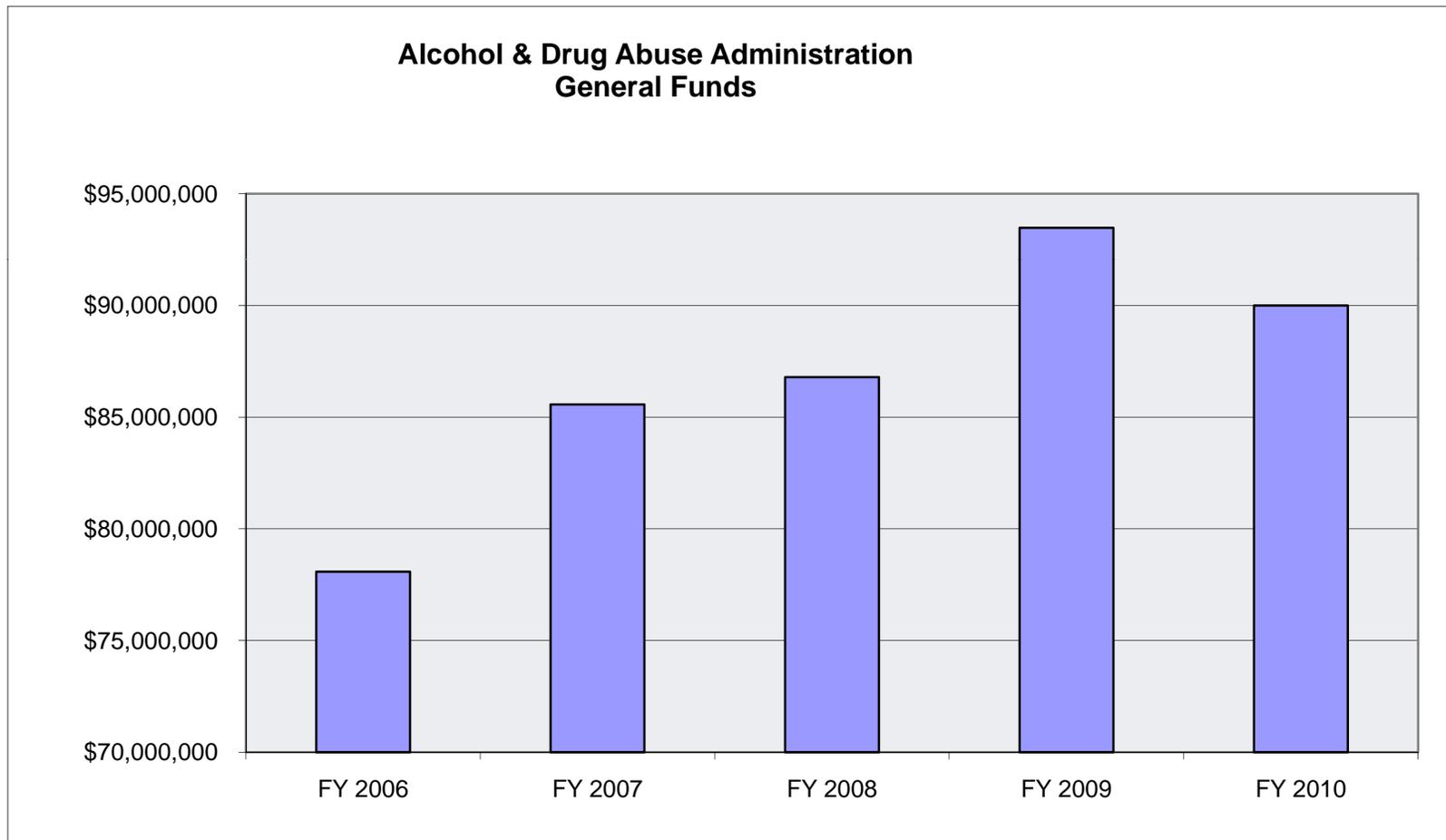


FY10 Funding Cuts

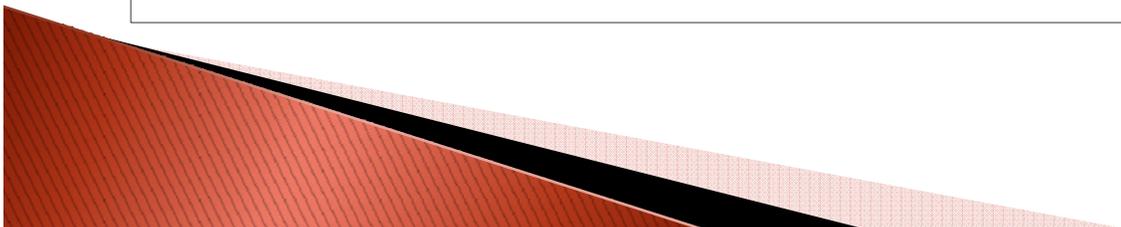
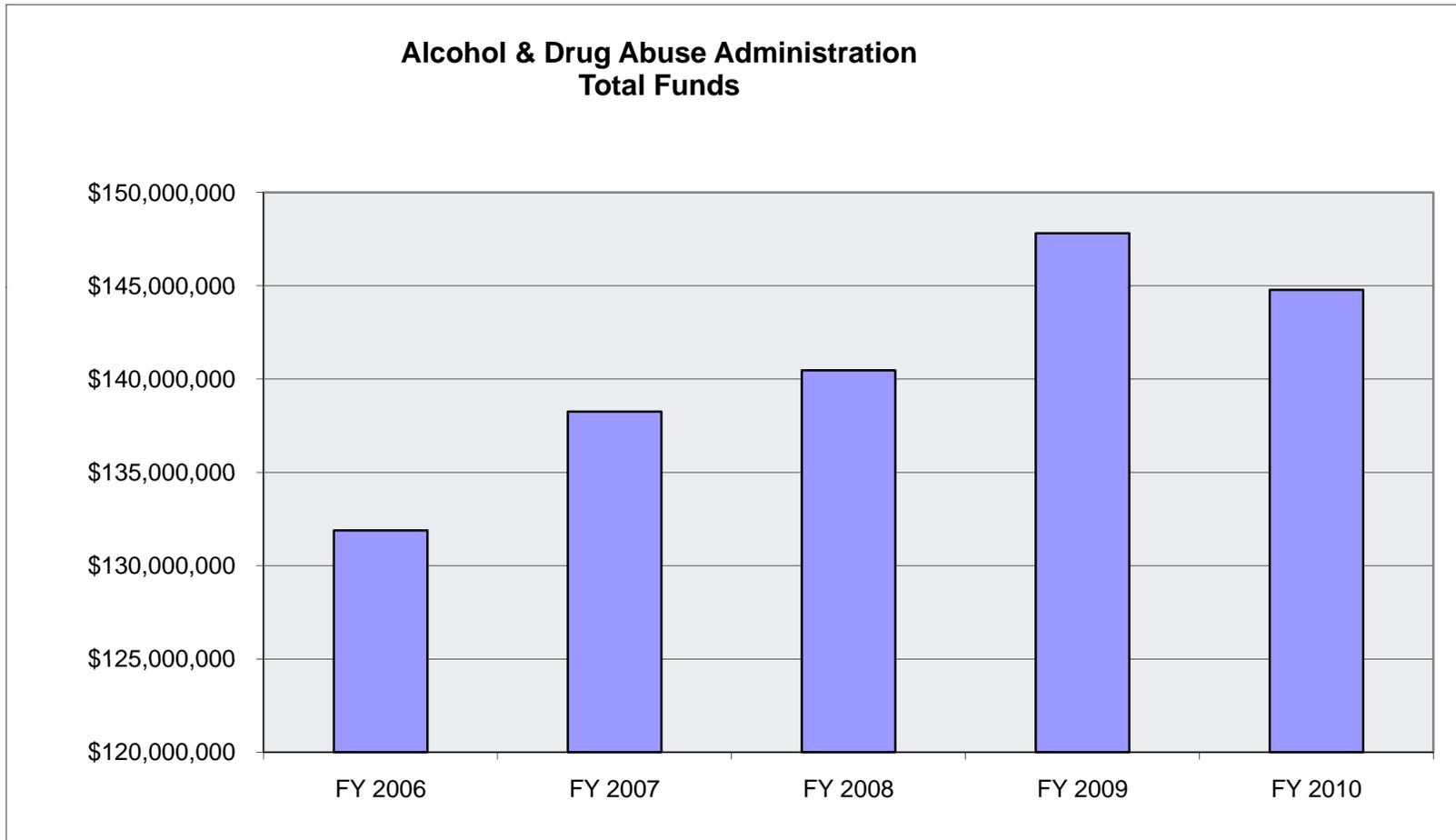
DHMH FY10 GF Cuts by BPW



ADAA Funding General Funds

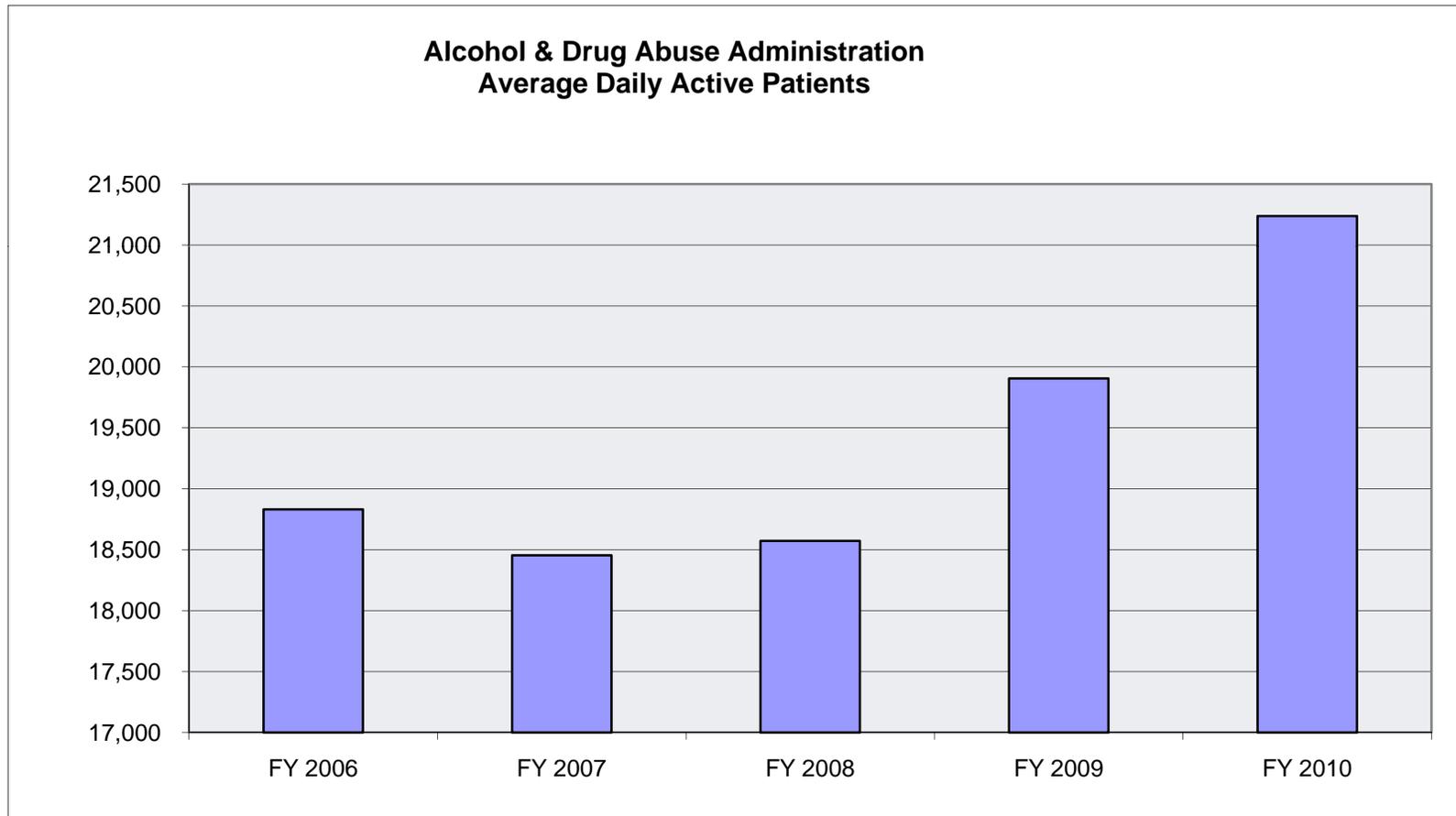


ADAA Funding Total Funds

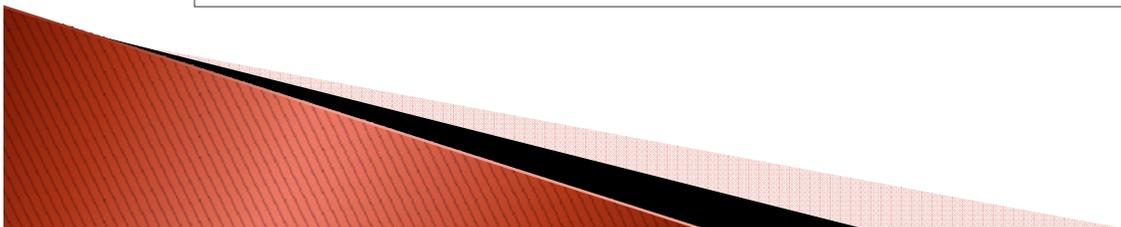
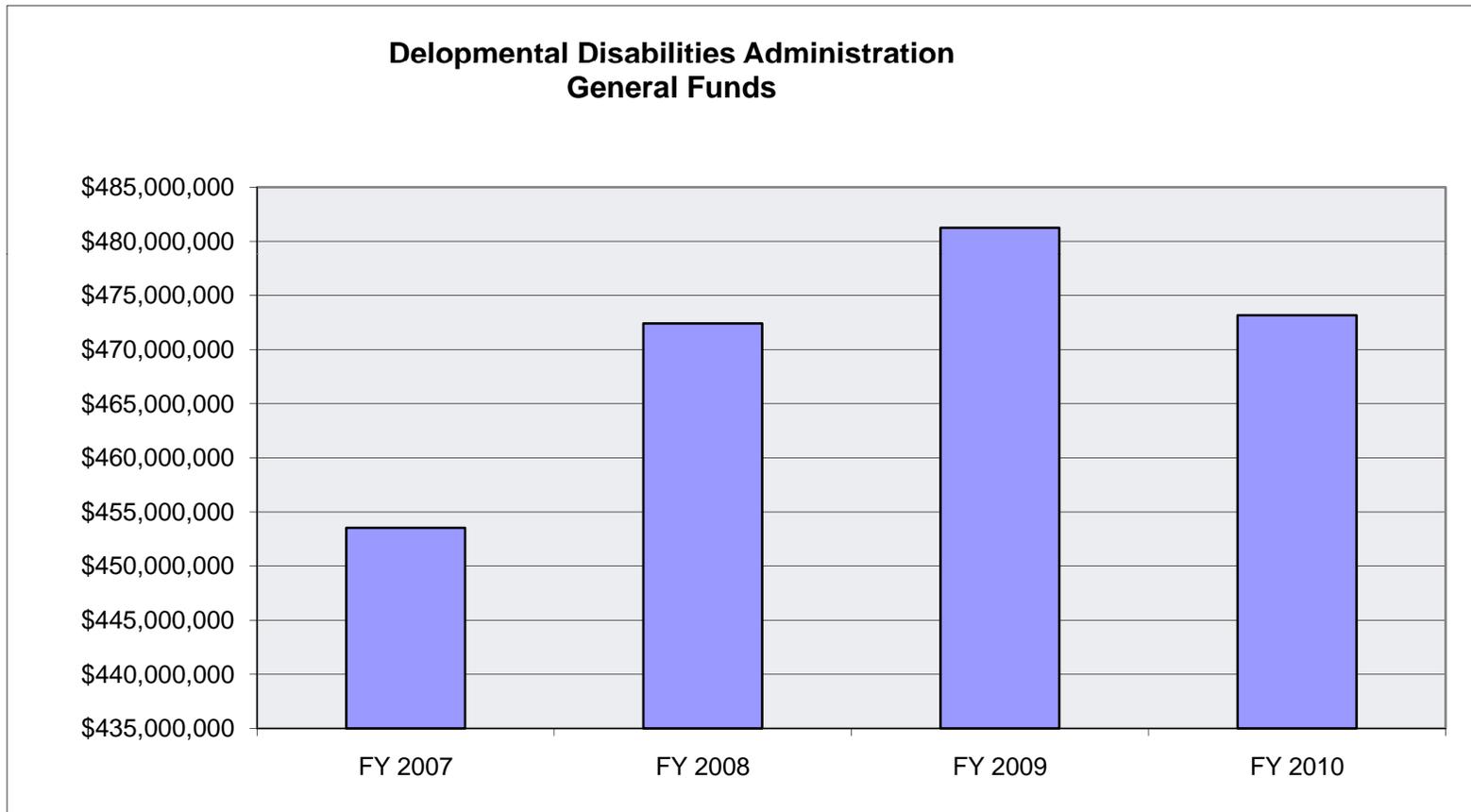


ADAA

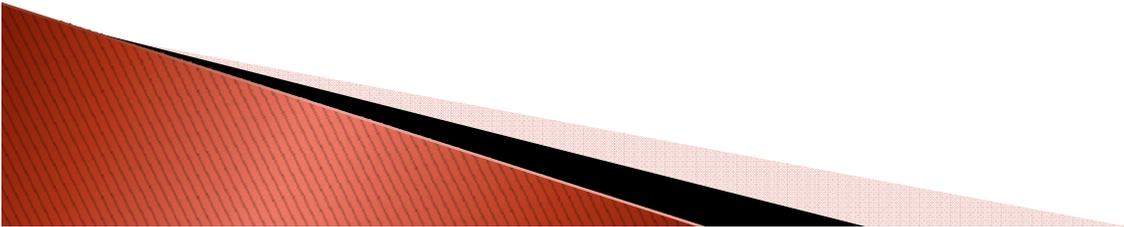
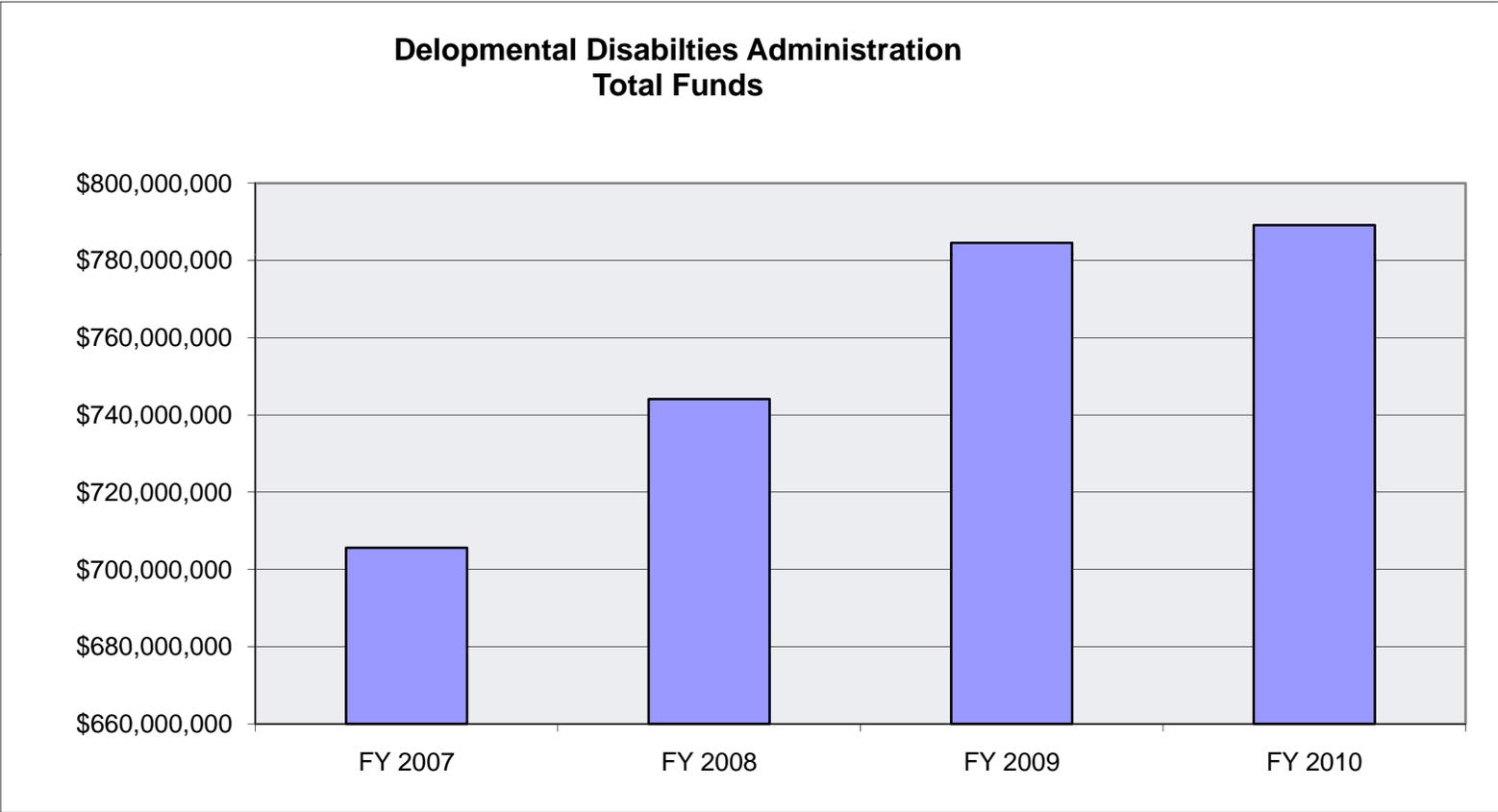
Average Daily Active Patients



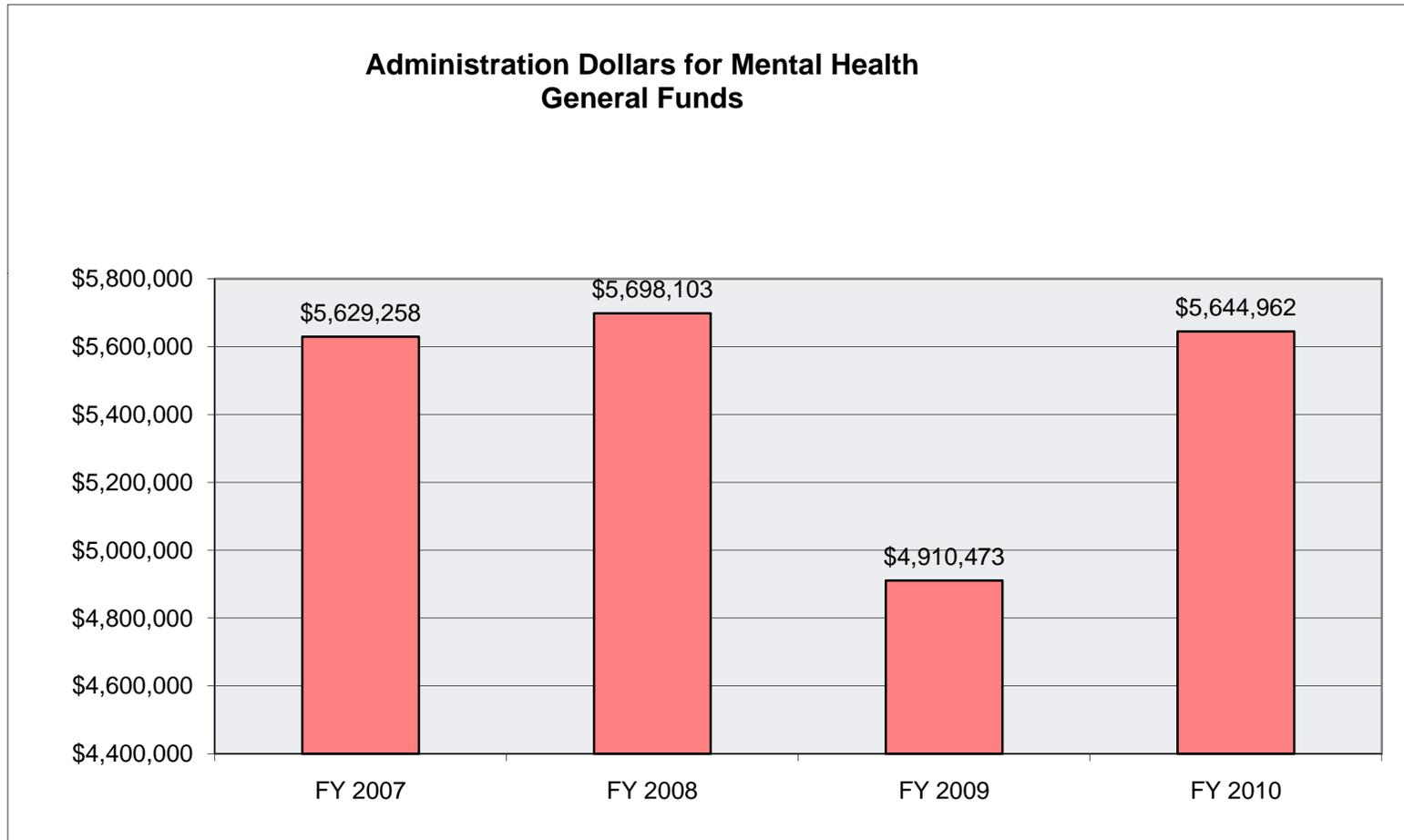
DDA General Funds



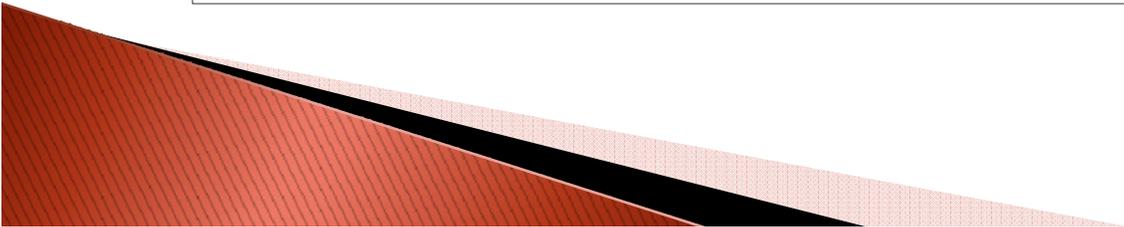
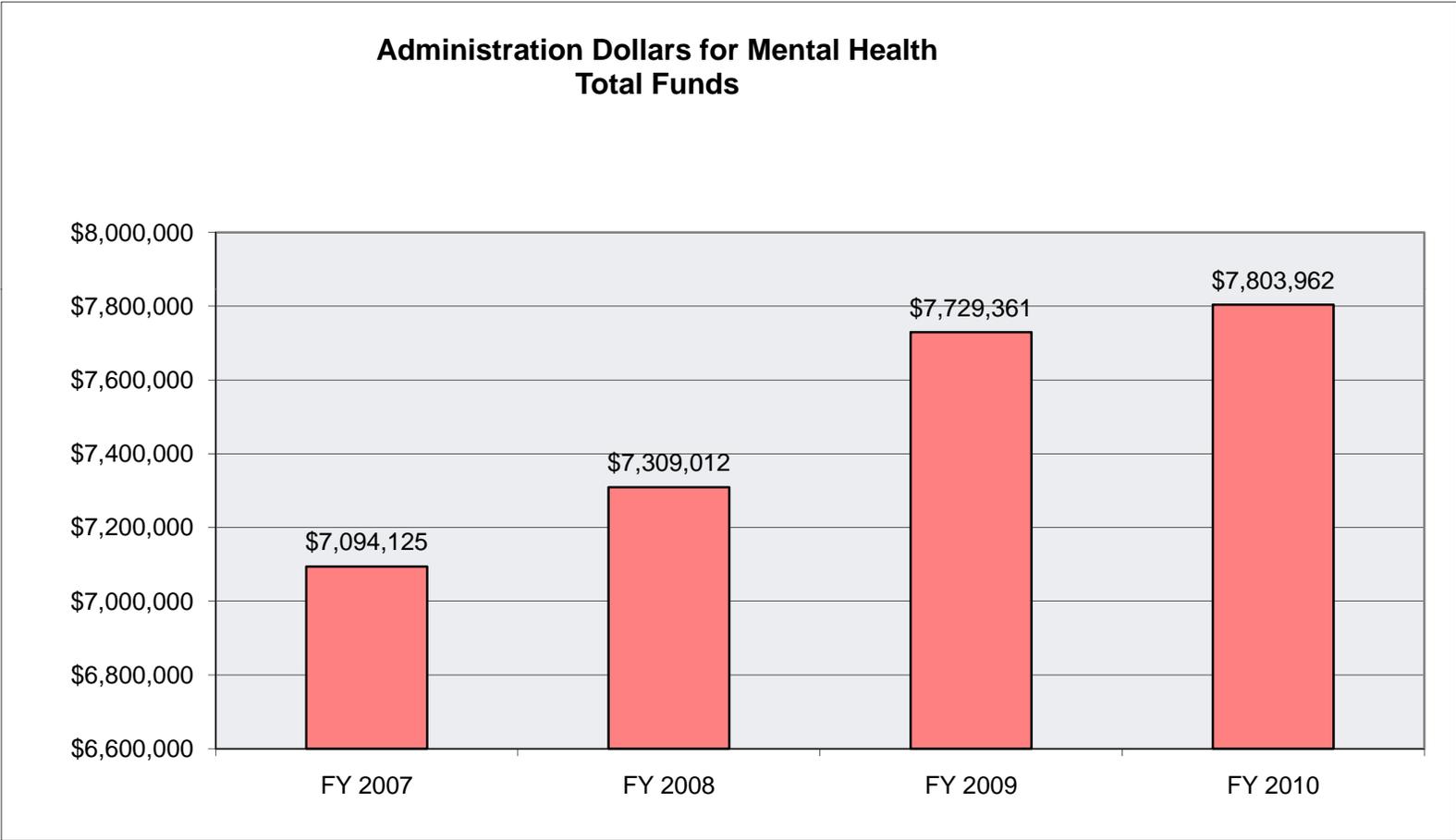
DDA Total Funds



MHA General Funds



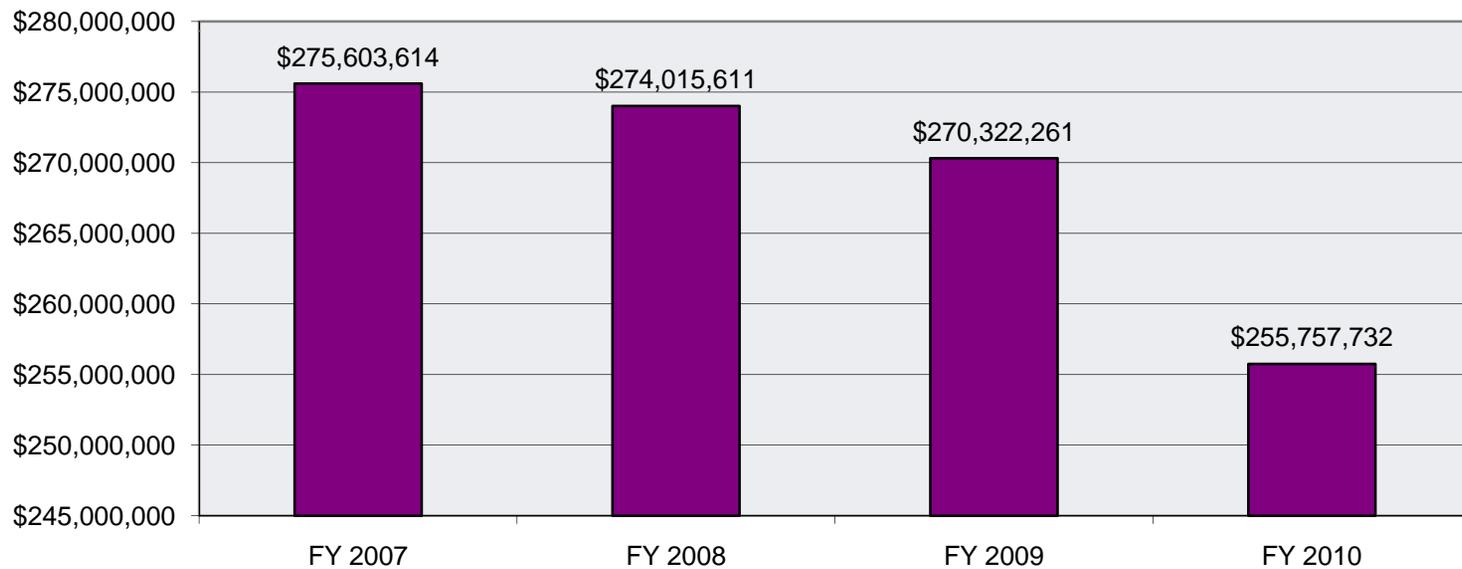
MHA Total Funds



MHA

State Hospitals General Funds

**State Hospitals for Mental Health
General Funds
(Excludes Administration of Program and Community Services)**



MHA

State Hospitals Total Funds

