

**2008-09
Spending
Plan**

Agency Name: Office of Alcoholism and Substance Abuse Services

Agency Head: Karen M. Carpenter-Palumbo, Commissioner

A. Overview of Proposed Plan

Pursuant to Budget Bulletin B -1178, this Plan responds to the Budget Director's request for the submission of a Financial Management Plan that addresses the need for cost containment and savings proposals for 2008-09 and beyond.

It is the mission of OASAS to improve the lives of all New Yorkers by leading a premier system of addiction services for prevention, treatment, recovery.

As one of the largest addiction services systems in the nation, OASAS is charged with addressing the prevention, treatment and recovery needs of the 2.5 million New Yorkers dealing with drug, alcohol or gambling addictions. Our statewide network of over 1,550 programs treats more than 110,000 New Yorkers a day.

We know 1.8 million New Yorkers – or about one in 10 – suffer from a chemical dependence problem.

Problem gambling is estimated to affect two out of every 10 adults, a figure totaling nearly 700,000 New Yorkers. Among those ages 12 to 17, problem gambling is impacting 160,000, or one out of every 10 youths. An additional 160,000 youth are at risk of developing a gambling problem and may need treatment.

Even those sobering figures do not fully depict the widespread impact of addiction in New York State because of the millions of individuals whose lives are also affected: the children, spouses, extended families, and communities.

The cost to our society is compounded due to the consequences of addictive disease which impact public safety, health, welfare and education in New York. The following highlights some of the areas in which OASAS will work collaboratively with its counterparts to overcome the influence of addiction: 70 percent of child neglect or abuse cases in the system are caused or exacerbated by alcohol or substance abuse; 80 percent of parolees had a substance abuse problem at some point in their life; substance abuse and dependence account for more than 20 percent of deaths in the United States annually, and 25 percent of high school students binge drink at least once a month.

The OASAS Strategic Map

OASAS trains and credentials the chemical dependence workforce; certifies, inspects and monitors the programs they work in to ensure they meet statutory and regulatory standards; and provides financial assistance to maintain and improve the system's capital infrastructure, plan for future service needs, develop and implement new program models, and foster continuous quality and performance improvement both in the service delivery system and in State operations.

OASAS leadership and the provider community took part in months of discussions and planning, utilizing best-practice research on government performance management, and developed five agency Destinations for the OASAS Strategic Map for Agency Direction:

- **Mission Outcomes** – Establish an effective, science-based system which integrates prevention, treatment and recovery.
- **Provider Engagement and Performance** – Developing a “Gold Standard” system of service provision.
- **Leadership and External Impact** – Be the state resource on addiction and lead the nation in the field of chemical dependence.
- **Profession of Choice** – Become a “Profession of Choice” for attracting, selecting and developing talent.
- **Financial Support** – Create a system with strong return on taxpayer investment and stewardship of resources.

For each destination, OASAS leaders, staff and program representatives identified 15 key Metrics to operationalize, track and verify progress. Each metric is guided by a team of agency staff and field representatives. Quarterly status presentations are made to the OASAS Executive Team, and annual reports will be made to the agency and field and integrated into the statutorily required statewide plan.

OASAS employees are the prime resource for agency progress toward these destinations. It is, therefore, critical for each individual to understand how their efforts contribute, either directly or indirectly, to reaching these goals. Over the next several months, OASAS divisional leaders will ensure that each staff member makes this "Line of Sight" connection to determine their individual contribution to the five destinations.

A.1 Overall Approach

The OASAS Executive Team is charged with maximizing staff resources to those core functions that will: *strengthen and improve our prevention, treatment, and recovery systems; focus on reform and reinvestment strategies; participate and lead intergovernmental and public sector collaborations; and lead the way in developing innovative service options for those we serve.* When functions are identified that should no longer be performed, OASAS will redeploy those staff to more critical agency functions.

A.2 Achievement of Savings on a Recurring Basis

In keeping with the Budget Bulletin’s directive, OASAS will continue to deliver its core programs more efficiently and will seek to eliminate non-core functions and non-essential spending.

To achieve recurring **State Operations** savings equivalent to the mandated 3.35 percent reduction, OASAS will be taking the following actions:

- Achieving Personal Services savings through attrition of the agency's workforce - OASAS currently employs a rigorous review process for the hiring of all staff, including Executive Office approval. This process will be further scrutinized and modified to adhere to the Governor's call for only "essential hiring."
- Limiting OASAS attendance at conferences and travel activity, especially out-of-state travel, as well as eliminating non-essential subscriptions and supplies, office equipment and PC purchases;
- Reducing the reliance on non-essential consultant and temporary services; and

- Eliminating non-essential nonpersonal service (NPS) spending at the Addiction Treatment Centers.

A detailed State Operations spending plan of Personal Services and Nonpersonal service spending will be developed and approved for both Executive Direction and our ATCs by the OASAS Commissioner. In addition, the filling of positions will be limited to only those positions critical to the OASAS mission or to maintain health and safety.

OASAS continues to review personal service costs at each ATC and will be exploring whether the hiring of additional staff may have a significant impact on reducing costs for overtime, extra time, extra service and contractual services currently used for staffing at the facilities.

To obtain recurring savings in **Aid to Localities** equivalent to the across-the-board two percent reduction, OASAS will be taking the following actions:

- Project implementation delays generating recurring savings.
- Reform and reinvestments in Prevention through the establishment of regional Resource Centers.
- Reduce the number of programs operating outside expected cost ranges through the use of the annual program performance and budget review process.

A.3 Protecting Key Priorities

OASAS' highest priority as we manage the 2008-09 Budget is to preserve funding for core operations, base services and several key initiatives which serve the over 110,000 people in our system of prevention, treatment, and recovery.

The recently approved multi-year cost-of-living-adjustment (COLA) is critical for providers to maintain adequate staffing and cover inflationary increases for utilities, insurance and other escalating operating costs.

The continuation of capital projects in the pipeline is crucial to avoid further deterioration in the infrastructure of the chemical dependency system in New York, avoid health and safety issues, and prevent increased operating costs. In addition, these projects add critical residential capacity essential to respond to the housing crisis for those in need of chemical dependence services.

A.4 Treatment of New Initiatives

OASAS plans on preserving several key initiatives in 2008-09 which stabilize existing programs and selectively fill gaps in care (i.e. recovery and housing). OASAS has reviewed all budget initiatives for appropriateness in the current climate and will proceed with the following:

- develop Recovery Community Centers to continue to promote overall health and sobriety, thereby reducing relapse;
- establish a swing bed detoxification program at Ward ATC to reduce reliance on expensive hospital-based care;
- implement recommendations of the OASAS/OMH Co-Occurring Disorder Task Force to improve patient care and outcomes for individuals with both chemical dependence and mental illness;
- establish scattered-site permanent supportive housing units outside the City of New York for persons in need of housing after completing residential addiction treatment;

- expand compulsive gambling prevention programs to every county in the State to insure greater public awareness of problem and underage gambling;
- establish a consolidated chemical dependence/gambling helpline to expand services to permit access to these services 24 hours a day; and
- develop Community Residential and Supportive Living beds outside New York and Long Island.

B. Summary of General Fund Financial Impacts

See Attachment A.

C. Identification of Proposed General/Special Revenue Fund Actions

See Attachment B.

D. Summary of Impact on Other Funds

None

E. Identification of Proposed Other Fund Actions

None

F. Plan to Manage the Workforce

F.1 Overall Approach

F.2 Plan for Refill of Vacant Positions (both current and anticipated vacancies)

See Attachment C.

G. Monthly Projections: All Funds Workforce; General/Special Revenue State Operations/Local/Capital

See Attachment D.

H. Assumptions Underlying the Proposed Plan

The plan imposes efficiencies and controls to achieve recurring savings while preserving the ability to provide critical inpatient services through OASAS' Addiction Treatment Centers (ATCs). With a theme of reform and reinvestment, OASAS will provide the greatest return for each dollar targeted toward a premier system of prevention, treatment and recovery services.

I. Management of Risks Inherent in the Plan

OASAS' highest priority is to preserve funding for core operations, base services and several key initiatives in 2008-09 and beyond. There are, however, many challenges that OASAS will face that will need to be addressed going forward.

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is the single largest Federal grant available to the States for prevention, treatment, and recovery services for those suffering from a substance use disorder. New York's 2008 SAPT Block Grant totals \$115.1 million.

OASAS also receives Safe and Drug Free Schools and Communities (SDFSC) funds (\$4.4 million) to support prevention programs in schools and communities throughout the State. Since 2004, New York's SAPT Block Grant and SDFSC grant has been reduced by \$1.4 million and \$11.3 million respectively. Each year, states are facing further proposed cutbacks in these Federal grants. Federal funding through other State agencies (e.g. Medicaid and Ryan White) is also at risk of reductions and OASAS will continue to provide critical impact statements to the Governor's office, New York's Congressional delegation, and others to buttress New York's efforts to receive its fair share of Federal funding on all fronts.

A requirement of the Block Grant is that the single state agency receiving SAPT funds – OASAS – maintain annual expenditures of State funds at the level of the average of the previous two fiscal years. Failure to meet this “maintenance of effort” requirement can result in a dollar-for-dollar reduction in the annual SAPT Block Grant award funding level. Therefore, as potential financial management plan savings actions in the current and succeeding fiscal years are being proposed, we need to be cognizant of the SAPT Block Grant “maintenance of effort” requirement.

The OASAS Talent Management Committee is actively working to address issues and challenges facing the State's addiction workforce. These issues include: leadership development; recruitment, hiring and retention practices; education and training; and compensation. Without a competent and qualified workforce, individuals in need of prevention, treatment, recovery services may go unserved.

OASAS' greatest challenge will be to balance these needs against preserving the agency's core functions as well as addressing new and emerging needs that are critical for the chemical dependence and gambling system, and fiscally prudent for New York State.

J. Additional Savings Opportunities for 2008-09

K. Potential Future Savings Opportunities/Operational Improvements (indicate if statutory change is required)

- Prevention is the first prescription for a healthy New York. OASAS will continue its statewide prevention efforts by: using evidence-based programs which yield proven, measurable results; increasing public awareness of alcohol, drug and gambling problems; and providing communities with the knowledge and skills necessary to change attitudes and behaviors so they, too, can be safe and healthy.
- Chemical Dependence is a chronic disease which, like other chronic diseases such as diabetes and high blood pressure, require long-term, major life changes. In response to the need of people in recovery, OASAS plans to provide services that will support and augment a person's recovery through integration with prevention and treatment service.
- OASAS will be undertaking an extensive review of how outpatient services are currently being reimbursed this fiscal year. It is expected that OASAS will propose a new outpatient reimbursement methodology based upon ambulatory patient groups (APGs) as part of its 2009-10 Executive Budget submission. This new reimbursement methodology will better reflect the actual costs of outpatient services based upon service type and service intensity.
- OASAS continues to collaborate with the Department of Health (DOH) and service providers to redesign the delivery of detoxification services to promote recovery and better integrate reimbursement with outcomes. The goal is to strengthen the ability of lower-cost community-based providers to deal with less complicated detoxification episodes. Ongoing activities will

include: DOH phasing-in over the next four years a new per-diem rate structure for hospital-based detoxification; and OASAS amending Part 816 Regulations to emphasize linkages and discharge planning.

- OASAS will continue to collaborate with the Office of Medicaid Inspector General and the Department of Health to target and eliminate fraud or wasteful spending.
- OASAS has convened a Methadone Transformation Advisory Group (MTAG), comprised of members of the provider and patient community as well as OASAS. OASAS seeks to transform the State's methadone treatment services system by improving the quality of services being delivered, increasing successful patient and overall treatment outcomes. MTAG will address clinical, fiscal and regulatory issues and will likely generate proposals that will be included in future agency budget requests.
- OASAS is developing a risk-based, "Integrated Quality Systems" (IQS) Certification process which will allow OASAS to focus more on-site review activities on poorly performing providers. IQS will allow OASAS to redeploy its staff resources to areas of greatest need.
- Embracing the concept of making the addictions field a "field of choice," OASAS has convened a representative group of experts to participate in the development of "hard-hitting" recommendations, strategies and actions that will have a positive impact on the multitude of issues and challenges facing the leaders, managers, supervisors and line staff who comprise New York State's addictions workforce. A Talent Management Committee (which currently numbers close to 70 individuals and represents the chemical dependence service delivery system, education and training organizations, professional associations, local government agencies, corporate partners and other major stakeholders), has been convened to look at the following areas: Leadership Development; Compensation; Career Ladders; Organizational Culture & Work Environment; Recruitment, Hiring and Retention Practices; Staff Development, Education and Training and Marketing.
- Facing a critical shortage of Credentialed Alcoholism and Substance Abuse Counselors and Prevention Specialists, modifications to OASAS' credentialing process have been suggested. Some of the areas under consideration are:
 - Reengineering OASAS' Credentialing Regulation - proposals include: eliminating unnecessary time limits on qualifying education, permitting more flexibility in work experience qualifications, and moving to an applicant self-certification process for documenting compliance with continuing education requirements.
 - In order to achieve OASAS' goal of increasing the number of credentialed professionals in New York State, OASAS is considering adding an additional credentialing exam yearly. No additional costs would be necessary as staff time saved from elimination of the oral examination and moving to a three-year renewal cycle would be used to hold this additional exam.

Capital Projects

In order to balance the need for additional capital projects within the State's fiscal resources, OASAS will continue to carefully manage its capital program to ensure that limited resources are utilized to the fullest extent possible. On an annual basis, the Agency's Capital Plan will be reviewed and approved by the Commissioner's Office. Additionally, OASAS will pursue other

funding sources (including Federal funds) that can be utilized by the OASAS provider community to support its' capital infrastructure.

Federal Agenda

OASAS continues to aggressively pursue Federal grants/contracts in support of our mission. The following are a few examples:

- Veterans - New York State, through the leadership of OASAS, is applying to participate in "The Returning Veterans and Their Families Strategic Planning Conference and Policy Academy" to be held in Bethesda, Md., this summer. The Conference and Policy Academy is designed to: help think about new approaches that blend expertise and resources from multiple contributors; facilitate nationwide sharing of information on mental health and substance service provisions in multiple systems, including the best practices for providing those services; facilitate establishment of communication and coordination links between representatives of the various systems in respective health service regions; and continue to provide key readiness training, education, and opportunities for coordination across the local behavioral health provider community as community mental health and substance abuse treatment providers ensure that the health needs of returning service men and women and their families are met. OASAS will seek to educate the Federal government on the need to provide the necessary resources (both capital and operating funds) to the States that are serving our returning veterans.
- Screening, Brief Intervention, Referral and Treatment (SBIRT) – OASAS, in collaboration with the Department of Health, applied for grant funding from the Federal Center for Substance Abuse Treatment which will enable OASAS to expand preventative health services for alcohol and other drug use, comparable to cardiovascular health, diabetes, sexually transmitted diseases and other potentially health threatening conditions by expanding the continuum of care to include screening, brief intervention, referral and brief treatment in general medical and other community centers.

In addition to pursuing Federal grant opportunities, it is essential that the Federal government increase its financial commitment to substance abuse prevention, treatment, and recovery efforts. OASAS has developed an extensive Federal Agenda for 2008 and has been actively working with its Congressional delegation to garner support for these important policy initiatives. In order for OASAS to continue supporting its core operations and base services during this fiscal crisis, New York State must secure additional federal support.

The following is a summary of 2008 OASAS Federal Agenda priorities:

- **SAPT Block Grant Appropriations Must Be Increased:** Federal funding to prevent and treat substance use disorders must be increased well beyond the level proposed in 2009.
- **Medicaid Exclusion Related to Institutions for Mental Disease:** Medicaid reimbursement should support treatment of substance use disorders in community-based programs with more than 16 beds.
- **Parity for Treatment of Mental Health and Substance Use:** Health insurance plans must cover mental health and substance use disorders treatment at the same level that is provided under that plan for other healthcare.

- **Substance Use Treatment for Seniors:** Medicare should cover a broader range of treatment options for substance use disorders.
- **Safe and Drug Free Schools and Communities:** The Federal Safe and Drug Free Schools and Communities (SDFSC) grant authorized under “No Child Left Behind” (NCLB) must be continued, whether authorized under NCLB or as a separate program effort.
- **Treatment of Substance Use in Criminal Justice Populations:** Federal programs for the treatment of substance use disorders in criminal justice populations must require the active involvement of the Single State Agency responsible for substance use prevention and treatment services.
- **Prevention and Treatment of Substance Use Arising from a Disaster:** Federal Emergency Management Agency (FEMA) authority and appropriations must include the ability to prevent and treat substance use arising from a disaster.
- **Federal Incentives to Work in Human Services:** Congress is urged to consider loan forgiveness and scholarship programs to assist States in developing a sufficient workforce, comprised of individuals who are professionally trained and culturally competent, to help States address workforce concerns in providing prevention and treatment services for substance use disorders.

Summary

OASAS fully recognizes the fiscal difficulties facing the State and looks forward to working with the Division of the Budget to continue our State's effort of reforming our system of care and reinvesting in services to meet our mission to improve the lives of all New Yorkers by leading a premier system of addiction services for prevention, treatment, recovery.

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ATTACHMENT A

**Summary of General Fund/Special Revenue Other Financial Impacts
(000's)**

General Fund/Special Revenue Other - Savings Summary (000's)			
	<u>Required Reduction</u>	<u>2008-09 Savings</u>	<u>2009-10 Savings</u>
Local Assistance	8,000	7,745	7,173
Personal Service	582	1,264	1,150
Non-personal Service	<u>2,200</u>	<u>1,773</u>	<u>2,459</u>
Total State Operations	2,782	3,037	3,609
Capital	0	0	0
TOTAL	10,782	10,782	10,782

General Fund/Special Revenue Other - Year-to-Year Change, after Savings (000's)			
	<u>2007-08 Actual</u>	<u>Revised Projection</u>	<u>Percent Change</u>
Local Assistance	335,061	334,559	-0.15%
Personal Service	54,954	58,710	6.83%
Non-personal Service	25,466	24,724	-2.91%
General State Charges	<u>25,806</u>	<u>25,222</u>	<u>-2.26%</u>
Total State Operations*	106,226	108,656	2.29%
Capital (Fund 002)	8,095	13,318	64.52%
TOTAL	449,382	456,533	1.59%

* 2007-08 Actual Disbursements have been adjusted to include General State Charges for fringe benefits which are budgeted in OASAS for 2008-09.

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ATTACHMENT B

**Identification of Proposed General Fund/Special Revenue Other Actions
(000's)**

<u>Description</u>	<u>2008-09</u>	<u>2009-10</u>	<u>2010-11</u>
<u>Local Assistance</u>			
New Initiative Savings	2,165	753	753
Reform and reinvestments in Prevention through the establishment of Regional Resource Centers	600	600	600
Project Implementation Delays	4,580	5,080	5,080
Reduce the number of programs operating outside expected cost ranges through the use of the annual program performance and budget review process.	400	740	740
<u>State Operations</u>			
New Initiative Savings (PS, NPS & FB)	875	745	745
Attrition Savings (PS & FB)	600	1,177	1,177
Limit OASAS attendance at conferences, out-of-state travel and eliminate non-essential subscriptions, supplies, office equipment and PC purchases	462	462	462
Reduce the reliance on non-essential consultant services	600	725	725
Eliminate non-essential NPS spending at the ATCs	500	500	500
<u>Capital</u>	0	0	0
Total Proposed Savings Actions	10,782	10,782	10,782

NOTES:

The proposed Financial Management Plan will limit year-to-year growth in the OASAS workforce to nine (9) new clinical FTEs; this is 11 FTEs less than the 2008-09 Executive Budget proposal for OASAS.

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ATTACHMENT C

Plan for Refill of Vacant Positions (both current and anticipated vacancies)

Workforce Impact - All Funds		
a.	Initial Target	1,010
b.	Current Fills PP # 2	963
c.	Recurring impact of proposed actions	(11)
d.	Recurring impact of vacancy-refilling plan	36
e.	Total FTEs March 31, 2009 (line b minus line c, plus/minus line d)	999
f.	Change from Initial 2008-09 Target (line e minus line a)	(11)

**Office of Alcoholism and Substance Abuse Services
2008-09 Workforce and Disbursement Plan
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ATTACHMENT D

**Monthly Projections: All Funds Workforce; General Fund/Special Revenue Other State Operations/Local/Capital Disbursements
(000's)**

<u>Description</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>Total</u>
ALL FUNDS FTE	963	963	965	970	974	979	983	986	989	992	996	999	
<u>General Fund/Special Revenue Other Disbursements</u>													
<u>State Operations*</u>													
Personal Service	4,240	4,438	4,441	6,850	4,443	4,345	5,462	4,348	5,630	4,349	4,351	5,813	58,710
Non Personal Service	900	1,258	1,488	1,695	1,771	1,147	1,866	1,843	2,358	2,039	2,439	5,920	24,724
General State Charges	<u>0</u>	<u>0</u>	<u>3,074</u>	<u>0</u>	<u>7,958</u>	<u>0</u>	<u>0</u>	<u>7,325</u>	<u>0</u>	<u>0</u>	<u>6,865</u>	<u>0</u>	<u>25,222</u>
Total State Operations Disbursements	5,140	5,696	9,003	8,545	14,172	5,492	7,328	13,516	7,988	6,388	13,655	11,733	108,656
<u>Local Assistance**</u>													
Community Treatment Services	3,175	7,049	10,465	43,925	5,516	26,855	39,598	11,931	16,942	49,902	12,462	36,081	263,901
---Outpatient/Chemotherapy	25	1,000	4,500	17,000	2,000	4,500	19,000	5,020	8,000	19,000	5,500	7,500	93,045
---State Share/DSH	0	0	0	0	0	16,390	0	0	0	0	0	16,390	32,780
---Inpatient Rehabilitation	55	105	90	297	61	89	356	120	149	356	120	143	1,941
---Residential	2,615	5,023	5,088	11,247	2,920	5,089	17,107	5,731	7,483	14,640	5,782	10,744	93,469
---Crisis	480	921	787	2,611	535	787	3,135	1,060	1,310	3,136	1,060	1,304	17,126
---DASNY-Debt Service	0	0	0	12,770	0	0	0	0	0	12,770	0	0	25,540
Prevention and Program Support	1,850	3,551	3,035	10,114	2,484	3,035	14,652	4,089	5,058	12,098	4,038	6,654	70,658
---Prevention/Program Support	1,707	3,277	2,800	9,335	2,324	2,800	13,717	3,773	4,667	11,163	3,722	6,255	65,540
---Gambling	<u>143</u>	<u>274</u>	<u>235</u>	<u>779</u>	<u>160</u>	<u>235</u>	<u>935</u>	<u>316</u>	<u>391</u>	<u>935</u>	<u>316</u>	<u>399</u>	<u>5,118</u>
Total Local Assistance Disbursements	5,025	10,600	13,500	54,039	8,000	29,890	54,250	16,020	22,000	62,000	16,500	42,735	334,559
<u>Capital Projects</u>													
002 Fund	350	467	855	600	2,360	1,027	1,024	2,165	973	845	877	1,775	13,318
389 Fund	6,140	6,192	2,580	6,001	8,175	4,755	7,029	8,363	6,129	6,126	12,998	14,627	89,115
--389 Fund	6,014	6,062	2,450	5,759	7,708	3,545	5,929	7,263	5,029	5,026	11,898	13,527	80,210
--389 Fund - Off Budget	<u>126</u>	<u>130</u>	<u>130</u>	<u>242</u>	<u>467</u>	<u>1,210</u>	<u>1,100</u>	<u>1,100</u>	<u>1,100</u>	<u>1,100</u>	<u>1,100</u>	<u>1,100</u>	<u>8,905</u>
Total Capital Disbursements	6,490	6,659	3,435	6,601	10,535	5,782	8,053	10,528	7,102	6,971	13,875	16,402	102,433
GRAND TOTAL	16,655	22,955	25,938	69,185	32,707	41,164	69,631	40,064	37,090	75,359	44,030	70,870	545,648

* Includes Mental Hygiene Program (FUND 33910); Patient Income Account (FUND 33913); Federal Salary Sharing (FUND 339EC); Credentialing (FUND 339EJ); Methadone Registry (FUND 33951); Special Projects (339KB) and Chemical Dependence Services (FUND 34600).

** Includes General (FUND 00100); Mental Hygiene Program (FUND 33910); Chemical Dependence Services (FUND 34600); and License Plate (FUND 339DF).