DEPARTMENT OF HEALTH SERVICES
F-01922 (11/2017)

DRAFT

STATE OF WISCONSIN

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: Planning and Funding Committee, State Council on Alcohol and Other Abuse (SCAODA)			Attending: Members: Duncan Shrout; Irene Secora; Karen Kinsey; Christine Ullstrup; Raeanna Johnson and Kevin Florek; Michele Krueger (for Vonda Benson); Brian Dean.
Date: 1/18/2018	Time Started: 9:34 am	Time Ended: 11:35 am	Absent Members: Todd Campbell Staff: Michael Derr.
Location: ARC Community Services, 1409 Emil St., Madison, WI			Presiding Officer: Duncan Shrout, Committee Chair

Minutes

Call to Order:

Committee Chair Duncan Shrout called the meeting to order at 9:34 a.m. Attendees introduced themselves. Shrout noted that Todd Campbell is resigning from the Committee, and will assist him with identifying another person who would serve as this Committee's county representative.

Review of 11/16/2017 Meeting Minutes:

Duncan Shrout referenced the draft minutes from the last Committee meeting and asked for comments and corrections. None were offered. He then entertained a motion to approve the minutes as written. Motion carried unanimously.

Public Comment:

No persons offered any public comment on Committee business either in person or via telephone.

Number of Annual Committee Meetings:

DHS staff person Mike Derr discussed the handout listing a revised set of 2018 meeting dates for the committee that would reduce the number of annual meetings from eight to six. This would include no longer meeting in April and July. Committee members expressed their approval of this plan. In addition, due to a scheduling conflict for DHS staff and others, it was decided to reschedule the February 2018 Committee meeting to Friday, 2/9/18.

Substance Use Disorder (SUD) Public Spending:

Mike Derr briefly discussed with Committee members how SUD expenditures can be viewed and analyzed from several perspectives: geographic; funding source; programmatic and purpose, for example. He referenced the Committee's 2016 Funding Ad-Hoc Committee Report as an excellent resource for a starting point in a new funding analysis. As one example, public funding can broken down by the five DHS Area Administration regions to determine the allocation of such funding by region and whether it matches the nature and intensity of needs within each region. Included in the handouts was one example of this -- a breakdown of SABG Community Aids grant awards in 2017, as allocated by each of the five DHS regions.

Derr also referred to the Division of Care and Treatment Services's Status Report table for the various grants to address the opioid abuse crisis, as another example of tracking the amount of grant funding addressing specific SUD needs and where such funding is allocated on a county or regional basis. Committee members requested that for future meetings, it would be helpful to review the 2018 SABG program obligations budget, and requested the list of grant recipients for the latest HOPE 2.0 grant awards.

Creation of Two Working Committees:

Duncan Shrout proposed that moving forward, Committee members explore AODA needs and programs from two distinct perspectives. First, consider what is currently happening across Wisconsin in terms of needs and treatment and prevention programming. And second, from a larger perspective consider funding levels and allocations by regions and across the

state. Overall goals should be for the Committee to focus more on policy initiatives, increase the number of citizen members or representation, and to speak intelligently with legislators to meet SUD needs, particularly in northern Wisconsin. Committee members should also work with DHS staff and providers to promote the measuring of SUD treatment outcomes, the implementation of evidence-based practices (EBPs), and the degree to which EBPs are implemented with fidelity. The upshot of this effort would be for the committee to develop an overall strategy and package of proposals and recommendations to share with legislators and policymakers.

Shrout added that another way to view this comprehensive effort is for one group of committee members to review data and updates provided from DHS staff and others to define specific program needs and outcomes. A second group would analyze more broadly current SUD problems and needs, programming and interventions, and most current EBDs and driving events. As such, Shrout proposed that two "rolling" committees or workgroups be defined to engage in this effort. These would not be more formal "ad hoc" committees appointed to achieve specific tasks, but instead more flexible working groups with charges that could change over time.

One rolling committee would focus on specific SUD treatment and prevention programming and their challenges, looking at funding and sustainability issues and how programs respond to current SUD needs and experiences. Shrout suggested that Christine Ullstrup, Karen Kinsey and Kevin Florek could serve on this first "Treatment" committee. A second rolling committee could examine statewide funding strategies, statewide and regional trends in SUD needs and programming, and gain a better understanding of Substance Abuse Block Grant and other grant program requirements and how they relate to overall trends in funding allocation and programming. He proposed that Raeanna Johnson, Vonda Benson/Michele Krueger, Irene Secora, and Duncan Shrout serve on this second "Larger Trends" committee.

As example, one committee could examine the political factors that are behind the statewide and regional allocation of AODA funds, such as the larger size of a county providing greater capacity and logistics to administering large-scale grant funding. Conversely, northern Wisconsin counties might need assistance with having their infrastructure and capacity increased so that they can effectively administer grant funds. Christine Ullstrup suggested that a committee might consider whether grant funding should be allocated to regions that are more equipped to efficiently deliver treatment or prevention programming to a widespread, rural population.

Karen Kinsey encouraged a rolling committee review of policies strategies such as increasing the beer tax, decreasing the blood level concentration for prosecuting drivers of OWI, and reducing the number and types of retailers that are licensed to sell alcohol. Committee members also mentioned the need to look at pharmaceutical companies and other manufacturers and consider who resistant they may be to policy changes addressing the opioid crisis or alcohol abuse. Kevin Florek suggested committees take a closer look at strategies providers are now using for fiscal sustainability, noting that Tellurian has moved away from seeking public funds, given the unpredictability and trend toward receiving fewer funds. Brian Dean talked about the continuing need to consider what schools can provide in this arena. He mentioned tha $200,000 per year has been budgeted in state funds over the next two years for the expansion of SBIRT programming to 30-60 additional school districts.

Looking ahead, Planning and Funding Committee members agreed that at the February 9th meeting, members should continue discussing and structuring how the two rolling committees should be developed and the scope of their review, including a list of concerns and topics that each committee should explore and come up with some sort of proposals. For the May 17th meeting, Mike Derr will share and provide a full rundown of available SUD data as it relates to treatment, recovery and prevention programming, as well as statewide and regional needs. Both rolling committees will use such data and information to move forward with their reviews and start developing policy recommendations. Along the same line, Mike Derr will work with all committee members by suggesting specific policy and grant funding-related projects that individual members could work on. Derr encouraged members to contact him and other Bureau members for information and data to assist in these efforts.

Update on DHS SUD Activities:

Mike Derr gave a quick overview and update on current initiative activities within DHS' Bureau of Prevention Treatment and Recovery. He recited the newest staff working within the Bureau and their areas of responsibility. Derr gave an update on the outcomes and activities of the various Opioid Abuse grant programs recently initiated. Also, Derr shared the recent grant funding announcement for the awarding of at least two new HOPE 2.0 grants to providers to serve opioid and methamphetamine abuse needs within higher need areas of the state. A brief update was shared that the Bureau is still awaiting the formal findings and recommendations from SAMHSA relating to the August 2016 site visit and review of the Substance Abuse Block Grant program administration. And finally, Derr gave an update on the bureau's efforts to rewrite Administrative Code DHS 75 (Community Substance Abuse Service Standards).

At 11:35 am, Duncan Shrout accepted a consensus motion from Committee members to adjourn the meeting.

Prepared by Michael Derr on 2/6/2018. These minutes are in draft form, and will be considered by the Planning and Funding Committee at its 2/9/2018 meeting.

HOPE CONSORTIUM | SUPPORTING TREATMENT & RECOVERY IN THE NORTHWOODS

2018 Technical Assistance for Clinical Providers

Please join the HOPE Consortium in upcoming opportunities for technical assistance for regional substance use disorder treatment providers. Sessions will be facilitated by Wisconsin Department of Health Services representatives and there is no cost to attend.

February 15
Diagnosis, Placement Outcomes & Expectations

April 12
ASAM Support

June 7
Treatment Planning

August 2
Charting

November 1
Discharge Planning & Follow-up

See reverse for times and locations and feel free to share these opportunities with your colleagues in Forest, Iron, Oneida, Price, and Vilas Counties and the Forest County Potawatomi, Lac du Flambeau, and Sokaogon Chippewa Tribal Communities.

For more information contact Marshfield Clinic Health System – Center for Community Outreach:
715-221-8400 | cco@marshfieldclinic.org

February 15: Diagnosis, Placement Outcomes & Expectations
9:00am-11:00am, Online
Join by computer:
- Click https://acano.marshfieldclinic.org/index.html?id=50137745
- Click "Continue" on the password screen after the meeting start time. This call is NOT password protected.
- Enter your name and click "Join Call" to connect.

Join by phone:
- Dial 715-221-5561 or 1-844-717-3647 (toll-free)
- Enter Call ID: 50137745#

April 12: ASAM Support
10:00am-12:00pm, Location TBD

June 7: Treatment Planning
9:00am-11:00am, Online
Join by computer:
- Click https://acano.marshfieldclinic.org/index.html?id=50137746
- Click "Continue" on the password screen after the meeting start time. This call is NOT password protected.
- Enter your name and click "Join Call" to connect.

Join by phone:
- Dial 715-221-5561 or 1-844-717-3647 (toll-free)
- Enter Call ID: 50137746#

August 2: Charting
10:00am-12:00pm, Marshfield Clinic Minocqua Center – Conference Room 1

November 1: Discharge Planning & Follow-up
10:00am-12:00pm, Marshfield Clinic Minocqua Center – Conference Room 1

FUNDING AD-HOC COMMITTEE REPORT

Introduction

The State Council on Alcohol and Other Drug Abuse (SCAODA) provides expertise to the state on substance use issues that impact the health, welfare, and well-being of Wisconsin's citizens. This expertise includes reviewing alcohol and other drug use legislation, serving as a statewide resource on alcohol and other drug use matters, and advocating for effective substance use disorder policies.

One of the issues for which SCAODA has long advocated is adequate substance use disorder prevention, treatment, and recovery funding. Sustainable sources of funding must be available so substance use disorder prevention, treatment, and recovery needs can be effectively addressed. Current funding levels may be inadequate to effectively implement prevention efforts, to effectively treat people with substance use disorders, and to sustain recovery. Further, there is a need to educate policymakers on how funds are being spent and how an effective substance use disorder prevention, treatment, and recovery system could be adequately funded. To that end, the Planning and Funding Committee presents this "snapshot in time" report on the current state of prevention and treatment funding and makes some recommendations on how adequate funding can make Wisconsin's substance use disorder system more effective.

CURRENT FUNDING

About $98 million is available to fund the cost of prevention and treatment in Wisconsin. While this seems like a lot of money, the cost of substance use disorder treatment far exceeds this amount and does not address prevention or recovery efforts. The funding originates from a number of different sources as detailed in the following table.

Source	Amount	Percent
General Purpose Revenue and Program Revenue	$47,157,130	48%
Substance Abuse Block Grant (federal)	$27,116,412	28%
County Tax Levy	$15,893,260	16%
Other federal funds	$4,838,281	5%
County Revenue Medicaid	$2,569,437	3%
TOTAL	$97,574,520	

Approximately 10 percent of the General Purpose Revenue substance use disorder funds is spent on prevention activities. (See chart below). Of the Substance Abuse Block Grant funds that come to Wisconsin from the federal government, approximately 25 percent of those funds are spent on prevention activities. By separating out alcohol and drug prevention activities from funding for treatment activities, these sources of revenue yield about $11 million for prevention activities and $87 million for treatment of substance use disorders in publicly-supported programs.

Source	Amount	Prevention Spending	Treatment Spending
General Purpose Revenue/Program Revenue	$47,157,130	$4,515,713	$42,641,417
Substance Abuse Block Grant (federal)	$27,116,412	$6,779,103	$20,337,309
County Tax Levy	$15,893,260		$15,893,260
Other federal funds	$4,838,281		$4,838,281
County Revenue Medicaid	$2,569,437		$2,569,437
TOTAL	**$97,574,520**	**$11,294,816**	**$86,279,704**

The funds available to provide treatment ($87 million) can be compared to the amount needed to adequately fund treatment, which, as set forth below, is between $187 million and $226 million. This means that for those who need treatment the funds available to provide adequate treatment for the population needing the publicly financed system is less than half of what is needed to provide adequate treatment.

Local organizations may receive additional funding for substance use disorder prevention and treatment. For example, in FFY2015 the federal government awarded Drug Free Communities Support Program Grants to 21 agencies in Wisconsin, totaling about $2.6 million.

THE COST OF PREVENTION

Wisconsin spends less than $12 million in prevention each year, yet prevention is more cost-effective than treatment. Each dollar invested in substance use disorder prevention yields an average benefit of $7.65 in reduced health care and social services costs, reduced public assistance, reduced crime costs, and increased potential earnings. (DHS Needs Assessment, 2014, p. 84).

Using the continued data and research centered on substance use disorder prevention, DHS has moved towards funding evidence-based prevention strategies focused on community change. This includes evidence based environmental, community and educational strategies, programs, and activities. Counties continue to receive more training and technical assistance in an effort to move all of their Substance Abuse Block Grant prevention funds towards these efforts. A communitywide approach to prevention is necessary, because when children only receive school –based prevention programing, they then head back out into communities where the substance use disorder problems and issues still exist.

Due to the nature of substance use disorder prevention, many prevention efforts target school-age children and are school-based programs. Previously, federal funding was available for school-based prevention efforts. From 1985 until 2009, public school districts received formula grants to support drug and violence prevention efforts, including all 425 school districts in Wisconsin. The formula grants exceeded $4 million annually. However, in 2009 that funding was eliminated. With no federal funding, Wisconsin public schools were left to rely upon state-

appropriated and administered grants to help support their substance use disorder prevention efforts.

Two separate state appropriations , one from program revenue (fines and forfeitures for OWI convictions), and the other from General Purpose Revenue, provided a total of $8,829,048 in competitive grants for Wisconsin school districts to use in support of AODA prevention during the 2009-11 biennium. These funds were awarded to 95 school districts, and resulted in 272,451 students receiving classroom instruction and early intervention and support services, specific to AODA. For the 2011-13 biennium, the larger of the two appropriations was eliminated, leaving just $1,880,400 to be distributed to 52 school districts, over the two year spending period. These grants impacted a total of 116,764 Wisconsin students during that time.

In 2009, Wisconsin schools shared in a pool of state and federal categorical funds specifically targeted at supporting school-based AODA prevention programs that totaled almost $17 million over that biennium. By 2012, that total pool of available funds had been reduced to less than $2 million, over the same two year spending period. With a total reduction of almost 90 percent of the funds that had been available to all 425 public school districts statewide, only 52 Wisconsin districts had access to such funding.

THE COST OF TREATMENT

When substance use disorders are treated, each dollar spent results in a $6.35 return to Wisconsin in increased earnings, reduced health care costs, and reduced crime costs. (DHS Need Assessment, 2014). Calculating a general cost of treatment is difficult. Treatment should be designed to meet the needs of an individual. An individual's personal and family history, the length of time their use has been out of control, how much the individual is using, and the relative success of previous attempts at quitting are all factors that can affect the kind of treatment they may need, as well as how much a treatment episode can cost.

DHS estimates that in 2013 approximately 47,300 (In 2014 that number dropped to about 37,000, likely due to the ACA) individuals received treatment that was publicly funded through Medicaid or through other public funds such as the Substance Abuse Prevention and Treatment Block Grant, local county revenues, or other public revenue sources. In addition to those who received publicly-funded treatment, some were placed on a waiting list prior to receiving treatment and some were turned away completely. In 2013 there were 1,660 people placed on a waiting list due to a lack of resources. Another 530 people were turned away because the service they needed was not available due to a lack of funding.[1]

The importance of making treatment available to people near the time of the request cannot be underestimated. This point is made in a publication of the National Institute on Drug Abuse, "Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential

[1] Wisconsin Mental Health and Substance Abuse Needs Assessment, Department of Health Services, 2015.

patients can be lost if treatment is not immediately available or readily accessible."[2] To represent the demand for publicly-funded alcohol and drug treatment, those who were documented to have been placed on a waiting list or turned away from receiving service should be added to those who did receive treatment. This means alcohol and drug treatment is required within the publicly funded treatment system for 59,190 people annually.

Based on reporting from Wisconsin counties on spending of the Substance Abuse Block Grant, DHS has estimated that the average per person treatment cost for a substance use disorder is $2,614 per person. That cost does not include the cost of medication-assisted treatment (MAT) for opioid addiction. The national rate of participation in MAT is 14 percent of persons having an illicit drug addiction. The cost per person/per month of MAT ranges from $450 to $1,000, depending on the medication used.

To begin to adequately fund treatment, those 59,190 individuals would require an average of $8,014 be spent for treatment for 14 percent of that population, while $2,614 is spent on the remaining 86 percent, producing a weighted average cost of $3,370 per person per year. This estimate assumes 14 percent of those in treatment are there seeking assistance with opiate dependence and are in need of MAT. The lowest cost option for medication is available for approximately $450 per person, per month ($5,400 per year). Using these figures provides a total that is nearly $200 million ($199,470,300). The highest cost medication that is available costs approximately $1,000 per person, per month ($12,000 per year). If this higher cost of MAT is used for 14 percent of the population, then the total cost of adequate evidence-based treatment in Wisconsin is $254,191,860.

THE AVAILABILITY OF PREVENTION AND TREATMENT

Substance abuse counseling is a specialty area of the counseling profession that provides treatment to people with alcohol and other drug use disorders. In Wisconsin there are 1,880 certified substance abuse counselors and substance abuse counselors as of March 2015.[3] In order to serve the 448,000 estimated to need treatment in Wisconsin, each substance abuse counselor would need to provide service to an average of 238 people per year. There are 593 certified substance abuse treatment programs in Wisconsin. This translates into an average of 3.1 counselors available to each certified substance abuse treatment program. In order to serve the estimated number of people needing treatment, each certified clinic would need to provide treatment to 755.5 individuals per year.

The need for prevention specialists is even greater. In Wisconsin there are only 34 certified prevention specialists and 31 prevention specialists in training according to the Department of Safety and Professional Services. At a minimum, every county should have a certified prevention specialist to even begin to adequately address substance use disorder prevention, and larger counties should have more.

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[2] Principles of Drug Addiction Treatment: A Research Based Guide (Third Edition), National Institute on Drug Abuse; December 2012.

[3] Wisconsin Department of Safety and Professional Services list of approximate number of credential holders

DRUG COURTS

The key to having effective treatment is assuring that there is a comprehensive system of evidence-based treatment in place that can respond to an individual's recovery needs. The publicly available funds do not necessarily guarantee that this kind of system of care is available to Wisconsin residents. For example, three million of the $87 million available, a little more than three percent, is dedicated to drug treatment courts. Is this a sufficient amount of funding? The annual per person cost to support the services provided to drug court participants can vary widely depending on many factors that can include the structure and jurisdiction of the court. Based on a national survey of drug courts published in 2011, the estimated average cost of the drug court is $7,594 per person per year. This is more than double the cost of adequate treatment discussed above. At this cost, the $3 million available for drug courts in Wisconsin can serve 395 drug court participants. There are 54 problem-solving courts listed on the Wisconsin Association of Treatment Court Professionals website. It may be true that some counties use other resources such as county tax levy or their share of the substance abuse block grant to fund drug court services. Whether drug courts are supported by a portion of these other sources is not distinctly reported to any entity. Most drug courts offer alternatives to incarceration for individuals who are arrested for crimes that are an outgrowth of an individual's addiction. One method for determining the possible level of need for drug courts is to look at statewide arrest data. According to 2012 statistics available from the Department of Justice, 19,135 arrested for possession in 2012. Of those arrests, 5,682 were for possession for drugs other than marijuana.

RECOMMENDATIONS

The Planning and Funding Committee recommends SCAODA support the recommendations set forth below. These are general recommendations based on the data above and are meant to provide guidance for SCAODA committees and other key stakeholders to further explore how Wisconsin can adequately fund substance use disorder prevention, treatment, and recovery efforts.

1. **Dedicate a portion of the excise tax collections to substance use disorder prevention, treatment, and recovery practices and programs.** As the excise tax on fermented malt beverages has not been increased since 1969 and is currently the second lowest rate of taxation on fermented malt beverages among all states, it is recommended that the excise tax be increased to the average of all states and further that 75 percent of this revenue be dedicated to substance use disorder prevention, treatment, and recovery practices and programs. Currently, excise taxes go into the General Purpose Revenue fund and are not dedicated to addressing substance use disorder issues. The Wisconsin Department of Revenue reports that in state fiscal year 2015, $57.6 million was collected from the excise tax on beer, wine, and distilled spirits. Excessive alcohol use costs Wisconsin about $6.8

billion a year.[4] And, Wisconsin continues to lead the nation in the prevalence of binge drinking among adults.[5] Increasing the amount of the tax on alcohol and dedicating a portion of that revenue specifically to addressing the problem will help close the gap between what is currently available and the demonstrated need.

2. **Examine the availability of prevention specialists, substance use disorder counselors, certified peer specialists, and certified programs by geographic region and address barriers to entry into the profession.** Not everyone who seeks treatment receives it. More research is needed to determine the extent to which the lack of treatment is tied to lack of treatment availability and the availability of professionals who are fluent in American Sign Language. More research is also needed to determine how many prevention specialists serve Wisconsin communities and any barriers to entry into the prevention field.

3. **Invest in the prevention of substance use disorders.** Prevention efforts are most effective when tailored to the local communities and the diverse groups within those communities, including deaf, deaf-blind, and youth with disabilities. Wisconsin should devote additional funds to supporting the regional Alliance for Wisconsin Youth coalitions and the Department of Public Instruction to expand the use of evidence based environmental, community and educational prevention strategies, programs, and activities.

4. **Implement Screening, Brief Intervention, Referral to Treatment (SBIRT) across systems.** SBIRT can be a cost-effective way to provide people with the right treatment and the right time. Screening and brief intervention can address issues and prevent people from developing more severe substance use disorders needing more intensive treatment. It also identifies people who need treatment and can help them access appropriate treatment. It may decrease the number of people needing treatment by providing early identification and treatment before the problem is exacerbated. It could also increase the number of people needing treatment.

5. **Expand the use of drug treatment courts and other alternatives to incarceration, ensuring the criteria for admission makes the programs accessible to everyone.** Wisconsin currently devotes state funds to the Treatment Alternatives and Diversion and drug treatment courts programs. An evaluation of TAD showed it was a cost-effective way of addressing substance use disorders. Expanding those programs beyond the 34 currently-existing programs may get more people effective treatment, thus decrease future substance use disorder expenditures. Both state and federal funds could be used for this expansion.

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[4] *The Burden of Excessive Alcohol Use in Wisconsin* report, March, 2013
[5] *Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014*

SABG Community Aids Grant Funds – Allocated by DHS Region

County/Consort.	Western	Northern	Northeastern	Southern	Southeastern
		CARS 570 (SABG Community Aids)			
Adams				$34,248	
Ashland		$28,276			
Barron	$79,713				
Bayfield		$35,262			
Brown			$365,279		
Burnett	$28,760				
Calumet			$46,328		
Chippewa	$96,341				
Clark	$55,026				
Columbia				$77,128	
Crawford				$32,986	
Dane				$659,692	
Dodge				$111,955	
Door			$46,219		
Douglas	$110,750				
Dunn	$69,453				
Eau Claire	$189,338				
Florence		$8,512			
Fond du Lac			$153,543		
Green				$45,365	
Green Lake			$32,340		
Human Service Ctr		$135,386			
Jackson	$39,385				
Jefferson				$109,299	
Juneau				$42,890	
Kenosha					$326,821
Kewaunee			$26,797		
LaCrosse	$204,793				
Lafayette				$22,055	
Manitowoc			$140,547		
Marinette			$75,173		

SABG Community Aids Grant Funds – Alllocated by DHS Region

Marquette			$23,939		
Menominee			$41,427		
Milwaukee					$2,431,021
Monroe	$71,115				
N. Central Health		$297,162			
Oconto			$48,966		
Outagamie			$236,002		
Ozaukee					$85,354
Pepin	$11,569				
Pierce	$51,163				
Polk	$68,628				
Portage		$111,625			
Price		$19,379			
Racine					$500,171
Richland				$32,819	
Rock				$343,850	
Rusk	$30,407				
Sauk				$82,089	
Sawyer		$50,066			
Shawano			$73,720		
Sheboygan			$178,215		
St. Croix	$70,176				
Taylor		$31,092			
Trempealeau	$43,091				
Vernon				$44,268	
Unified Comm Serv				$107,759	
Walworth				$118,911	
Washington					$131,927
Waukesha					$421,473
Waupaca			$80,798		
Waushara			$37,207		
Winnebago			$253,027		
Wood		$128,562			
TOTALs	**$1,219,708**	**$845,242**	**$1,859,527**	**$1,855,425**	**$3,896,767**

Grand Total = $9,676,669

Planning & Funding Committee Membership
January 2018

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