

Mapping Resources and Programs

| Program Name Department / Division | \$ Amount | \$ Source: identify federal, state or other (e.g., foundation) | # Recipient | Population Served | What Setting | Eligibility Criteria | Relevant Statutory & Regulatory Citations |
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| <p>1. Department of Public Instruction</p> <p><i>Children at Risk of Not Graduating from High School</i></p> <p>Details: http://dpi.wi.gov/atrisk/atriskgrt.html (includes funding access)</p> | 3.5 million | State | A school district that had 30 or more drop-outs or a dropout rate exceeding 5% of its total high-school enrollment. The school board may then apply to the state superintendent for aid. | <p>Pupils in grades 5 to 12 who are at risk of not graduating from high school because they are dropouts, or are two or more of the following:</p> <ol style="list-style-type: none"> 1. One or more years behind their age group in the number of credits attained; 2. Two or more years behind their age group in basic skill levels; 3. Habitual truants, as defined in §118.16(1)(a); 3. Parents; 4. Adjudicated delinquents; 5. Eighth-grade pupils whose score in each subject area on the examination administered under §118.30(1m)(am); 6. Eighth-grade pupils who failed to be promoted to the 9th grade. | All programs take place in public schools. | <p>Reimbursement for each pupil enrolled in a program is based on achievement of at least three of the following objectives:</p> <ol style="list-style-type: none"> 1. The pupil's attendance rate was at least 70%; 2. The pupil remained in school; 3. The pupil, if a high-school senior, received a high-school diploma or passed the high-school graduation test administered under §118.30(1m)(d); 4. The pupil earned at least 4.5 academic credits or a prorated number of credits if the pupil was enrolled in the program for less than the entire school year; 5. The pupil demonstrated, on standardized tests or other appropriate measures, gain in reading and mathematics commensurate with the duration of his or her enrollment in the program. | §118.153(2) Wis Stats |
| <p>2. Department of Public Instruction</p> | NA Not in the business of treatment. | NA | NA | NA | NA | NA | NA |

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| <p>3. Department of Public Instruction</p> <p>Division for Learning Support, Equity and Advocacy (Programs managed by the Student Services Team)</p> <p><i>School Alcohol Tobacco and Other Drug Abuse Grants</i></p> | <p>1. \$5,200,000: State AODA Program Grants;</p> <p>2. \$4,212,363: Federal Safe and Drug-Free Schools Grant;</p> <p>3. \$349,771: State School Tobacco Grants.</p> | <p>1. State General Purpose Revenue (GPR) and Pro-program Revenue (PR);</p> <p>2. Federal;</p> <p>3. State Biennial Budget Allocation.</p> | <p>1. 81 grants;</p> <p>2. 426 Formula Allocations to Public School Districts;</p> <p>3. 26 grants.</p> | <p>Public School Districts and Cooperative Educational Service Agencies (CESAs) establish programs for prevention and cessation activities aimed at school-age youth.</p> | <p>All programs take place in public schools.</p> | <p>1 & 3. Priorities of open-grant competition (need, program plan, evaluation, sustainability, and budget);</p> <p>2. Based upon formula of pupil enrollment, poverty density, and acceptable program plan.</p> | <p>1. s. 115.36 and 115.361 Wis Stats;</p> <p>2. Title IV;</p> <p>Part A of <i>No Child Left Behind Act of 2001</i>;</p> <p>3. State Biennial Budget Bill.</p> |
| <p>4. Department of Health & Family Services</p> <p>Division of Disabilities and Elder Services</p> <p>Bureau of Long-Term Support</p> <p><i>Children's Long-Term Support Waivers</i></p> | <p>Many different funding sources and don't have the actual costs for 2006 completed.</p> | <p>The Children's Long-Term Support (CLTS) Waivers are a Federal Medicaid-funded program. CLTS Waivers maximize match options with state-funded programs such as the Family Support Program and Community Options Program. Counties may also use local funding to match to the Waiver.</p> | <p>2362 as of 02/16/07; one-third are children with SED.</p> | <p>The Children's Long-Term Support Waivers serves children age birth to 22 with severe physical developmental and mental-health disabilities.</p> | <p>The Children's Long-Term Support Waivers serves children living at home or in foster care.</p> | <p>A child requires long-term care services, which are equivalent in intensity to the types of services that are typically provided on an ongoing basis in an institution such as a hospital or nursing facility. This means that a child must have severe functional limitations in multiple areas of daily living to become eligible for the program.</p> | <p>s. 301.027 Wis Stats</p> <p>Requires AODA treatment in DOC juvenile correctional institutions.</p> |

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| <p>5. Department of Health & Family Services</p> <p>Office of Strategic Finance</p> <p>Tribal Affairs Office</p> <p><i>Family Service Program</i></p> | <p>Of the \$3,154,825 allocated to the Family Service Program, about \$1,684,798 is derived from funding sources that can be utilized for AODA and mental health prevention and services.</p> | <p>The Family Service Program is administered by the Tribal Affairs Office, the AODA funding is federal, and the State pro-gram revenue money which is channeled to the TAO through DDES, DCFS, DPH and OSF and consolidated into one, three-year contract to each of the 11 Wisconsin Tribes. The AODA / Mental Health funds originate primarily from SABG, Drug-Free School, CSBG. No match is required although most tribes augment federal program funding with tribal contributions and other sources.</p> | <p>Each of the 11 Wisconsin Tribes receives funding through the Family Service Program. Each Tribe has the flexibility to decide the focus of their services based upon local need and terms of the base contract. The Tribal programming is defined within the Tribe's work plan.</p> | <p>Enrolled children and families of each Tribe.</p> | <p>Services are provided in a variety of settings, schools, homes, community-based programs and Tribal clinics. The setting will vary depending upon the individual tribal work plan and their delivery system.</p> | <p>Enrolled members of each Tribe.</p> | <p>NA</p> |

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| <p>6. Department of Health & Family Services</p> <p>Division of Children & Family Services</p> <p><i>Brighter Futures Initiative (BFI)</i></p> <p>Prevention Initiative</p> | <p>(as of current State budget)</p> <p>\$1,749,500: General Purpose Revenue</p> <p>\$1,707,000: Substance Abuse Prevention & Treatment Block Grant (<u>Prevention</u> funds)</p> <p>\$387,843: Temporary Assistance to Needy Families (Milwaukee only)</p> | <p>State: General Purpose Revenue (GPR)</p> <p>Federal: Substance Abuse Prevention & Treatment Block Grant (SAPTBG)</p> <p>Federal: Temporary Assistance to Needy Families (TANF)</p> <p>Other: BFI collaborative projects are often funded with additional federal, state, county levy, local funds / grants (e.g., United Way, Hospital Foundations, etc.) and in-kind resources from community partners (e.g., staffing, facilities, equipment)</p> | <p>The number of individuals served by BFI collaborative projects varies widely depending on the type of projects implemented. Most BFI sites have a combination of youth development, primary prevention and early intervention (secondary prevention) projects. BFI collaborative projects serve approximately 100,000 individuals annually.</p> | <p>Program participants include infants, children, adolescents and parents in 10 high-risk counties / *reservation:</p> <ul style="list-style-type: none"> • Douglas • Forest • Iron • Kenosha • *Menominee Indian Reservation • Milwaukee • Racine • Rock • Walworth • Winnebago <p>Menominee Brighter Futures is managed through the Menominee Indian Tribe of Wisconsin; Milwaukee Brighter Futures is managed through a nonprofit agency (Community Advocates); the remaining eight BFI counties are managed through the designated County Health & Human Service Agency.</p> | <p>Services are provided in various settings including:</p> <ul style="list-style-type: none"> • Schools; • Community-based agencies; • Faith-based organizations; • County HHS agencies; • Client homes. | <p>BFI is currently limited to youth and families residing in the following 10 counties / *reservation:</p> <ul style="list-style-type: none"> • Douglas; • Forest; • Iron; • Kenosha; • *Menominee Indian Reservation • Milwaukee; • Racine; • Rock; • Walworth; • Winnebago. <p>BFI funds are to be used for positive youth development and prevention services and cannot be used for alcohol treatment services. BFI sites determine the target group for projects based on local needs and available resources.</p> | <p>s. 46.99 Wis Stats, Brighter Futures Initiative:</p> <p>Brighter Futures supports evidence-based, positive youth development and prevention strategies focusing on the following legislative outcomes:</p> <ul style="list-style-type: none"> • Prevent / reduce incidence of youth violence and other delinquent behavior; • Prevent / reduce incidence of youth alcohol and other drug use and abuse; • Prevent / reduce incidence of child abuse and neglect; • Prevent / reduce the incidence of non-marital pregnancy and increase the use of abstinence to prevent non-marital pregnancy; • Increase adolescent self-sufficiency by encouraging high-school graduation, vocational preparedness, improved social and other interpersonal skills and responsible decision making. |

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| <p>7. Bureau of Community Health Promotion</p> <p>Division of Public Health</p> <p><i>WI Children and Youth with Special Health Care Needs (CYSHCN)</i></p> | <p>In-kind staff support to public health initiatives. More than \$10 million is received by the State of WI from the Maternal Child Health Title V Service Block Grant, Maternal and Child Health Bureau, Health Resources and Services Administration, US Dept of Health and Human Services. This funding is to focus on improving the health of all mothers and children by supporting core public health functions such as resource development, capacity and systems building, population-based functions such as public information and education, knowledge development, outreach and program link-age, technical assistance to communities and provider training. We work to build community capacity to deliver enabling services such as care coordination, transportation, home visiting, and nutrition counseling. It supports programs for children with</p> <p>Approximately \$100,000 of GPR and federal dollars are utilized by contractual agencies in Milwaukee to provide pregnancy counseling and family planning</p> | <p>The CYSHCN program is supported by the Maternal Child Health Title V Service Block Grant, Maternal and Child Health Bureau, Health Resources and Services Administration, US Dept of Health and Human Services. This funding is to focus on improving the health of all mothers and children by supporting core public health functions such as resource development, capacity and systems building, population-based functions such as public information and education, knowledge development, outreach and program link-age, technical assistance to communities and provider training. We work to build community capacity to deliver enabling services such as care coordination, transportation, home visiting, and nutrition counseling. It supports programs for children with</p> | <p>The Maternal and Child Health Care Program is population based vs. individually focused. It is to serve the needs of its target population, mothers and children in the state of WI.</p> <p>According to the National Survey of Children with Special Health Care Needs (SLAITS): WI data, 16.8% of WI children age 6-11 and 16.6% of youth age 12-17 are Children with Special Health Care Needs. These children and youth are at risk of substance abuse due to their disability / diagnosis, or they may meet the criteria of a child with special health care needs due to substance abuse. The recipients for the above pregnancy counseling and family planning services are limited by the reach and capacity of the three contractual agencies. Two of the agencies are clinic based and one is more of a case-management model.</p> | <p>The Wisconsin CYSHCN program has the responsibility of ensuring comprehensive care for these children and youth throughout the state. This responsibility includes organizing state-wide services and systems that families can access easily. For this age group, the CYSHCN program supports:</p> <ul style="list-style-type: none"> • Five Regional CYSHCN Centers; • Medial Home local capacity Grants; • State-wide Parent-to-Parent Network; • State-wide Nutrition Training Network; • Healthy and Ready-to-Work Transition Consortium; • Medical Home. <p>The clients served through pregnancy counseling and family planning service agencies are adolescents, young adults and adults up to age 44.</p> | <p>The CYSHCN program does not pay for direct services; however, these youth are served through contracts with other agencies to provide direct services such as information and referral, parent-to-parent support and service coordination. In addition, youth may be served by local public health departments through public health services and WIC nutrition projects.</p> <p>Two of the family-planning agencies regarding the clinic-based and the pregnancy counseling component operate within a community-based agency utilizing more of a case-management model.</p> <p>CYSHCN works with all counties as it'</p> | <p>The Maternal and Child Health Program is for all mothers and children—it crosses economic lines to support the core function of public health. A child with special health-care needs is age birth to 21 and has a long-term, chronic physical, developmental, behavioral or emotional illness or condition that is:</p> <ul style="list-style-type: none"> • Severe enough to restrict growth, development or ability to engage in usual activities; • Has been or is likely to be present or persist for 12 months to lifelong; • Is of sufficient com-plexity to require special health care, psychological or educational services of a type or amount beyond that required generally by children. <p>For the family planning agencies, the eligibility criteria for those seeking services under the Medicaid Family Planning Waiver are for those women aged 15 through 44 who are at or below 185% of the federal poverty level. For those served under the pregnancy counseling grant, the requirements include the provision of services to adolescents 18 and under who are pregnant or a teen parent.</p> | <p>For pregnancy counseling, the Statutory and Regulatory Citations are Wisconsin Statute 253.435(5)(eg).</p> <p>For the family planning services component, the codification is confined within the Federal Title V Maternal Child Health Fund allocation to the State of WI.</p> |

(continued on page 6)

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| (continued from page 5) 7. Bureau of Community Health Promotion Division of Public Health <i>WI Children and Youth with Special Health Care Needs (CYSHCN)</i> | services to reduce unintended pregnancies and STIs / STDs among adolescents and young adults ages 15 to 24. | special needs facilitating the development of family-centered, community-based, coordinated systems of care. For the pregnancy counseling and family planning services, the funding source was general purpose to revenue and Maternal Child Health Title V. | | | | | |
| 8. Bureau of Mental Health & Substance Abuse Services <i>Coordinated Services Teams (CST) and Integrated Services Projects (ISP)</i> | Mental Health Block Grant: \$1,306,700 (GPR) Hospital Diversion: \$691,800 Child Welfare: \$100,000 Substance Abuse Block Grant: \$35,000 | ISPs are funded with Mental Health Block Grant funds. CSTs are funded with hospital diversion funds (MA), Substance Abuse Block Grant and Child Welfare. | In 2005, 3842 children and family members were served. 2400 children are served. | Children with multiple and complex needs and their families. | Children are served in the community, primarily living at home or in foster care. Children placed in residential or hospital settings continue to be served, and their stays are usually shortened. Forty counties are currently providing ISP / CST services to children and families. Eight more counties will be added Fall 2007. | Children served in ISPs must be Severely Emotionally Disturbed (SED). Children served in CSTs are involved with two or more systems (primarily substance abuse, mental health and / or child welfare) and have complex needs. | ss 46.56 <i>Children Come First Act</i> Defines Integrated Services Statutory & HFS 34 Emergency MH Service Programs. Counties may elect to provide crises services that work collaboratively to keep children out of hospitals and in the community. Forty counties are certified at the higher standard to provide stabilization services to kids and adults and receive MA / insurance reimbursement. |

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| 9. Bureau of Mental Health & Substance Abuse Services <i>Outpatient Substance Abuse Clinics</i> | Substance Abuse Block Grant (SAPTBG): \$25,674,056 Intoxicated Driver Funds (IDF): \$1,000,000 Drug Abuse Program Improvement Surcharge (DAPIS): \$850,000 | Federal State Program Revenue State Program Revenue | 72 Counties | Life-span residents in each county. | Treatment services under HFS 75 and prevention services through coalitions and other certified providers. | All residents are eligible. | 51.42ss, 51.30, 51.45 |
| 10. Bureau of Mental Health & Substance Abuse Services <i>Comprehensive Community Services</i> | Determined by the certified county. | Medical Assistance Funding: 60% County Match: 40% | Determined by county. 21 Counties served: Brown, Calumet, Fond du Lac, Green Lake, Jefferson, Kenosha, LaCrosse, Manitowoc, Marathon, Milwaukee, Outagamie, Portage, Richland, Sauk, Sheboygan, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood | Individuals across the life-span who are Medical Assistance Eligible and meet criteria of substance abuse and / or mental health diagnosis and identified recovery issues as documented in the functional screen. | County-based community services. | Same as above. | HFS 36 |
| 11. Bureau of Mental Health & Substance Abuse Services <i>Juvenile Court Pilot Programs</i> | \$1,350,000 | Federal Substance Abuse Block Grant; counties | Over 6000 youths | Youth entering the juvenile justice system | County Juvenile Justice Intake | Court Juvenile Justice Intake policies | Originally created in 1987 by Wisconsin Act 339, Section 48.547. |

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| <p>12. Department of Transportation</p> <p>Division of State Patrol</p> <p>Bureau of Transportation Safety (BOTS)</p> <p><i>Enforcing the Underage Drinking Program (EUDL Program) and the Impaired Driving Program</i></p> | <p>1. 2006 EUDL Program Funding Year: \$360,000 / 2 years;</p> <p>2. 2006 Impaired Driving Program Funding Year: \$175,000 / 1yr.</p> | <p>25% match funds required</p> | <p>Up to 25 recipient communities (coalitions) and / or enforcement agencies depending on the type of program approved.</p> <p>Colleges: UW, Private and Technical Colleges</p> | <ul style="list-style-type: none"> • 15 to 24 youth and youthful drivers; • Enforcement Agencies; • Community Coalitions; • College Students. | <ul style="list-style-type: none"> • Areas where baseline data supports “Problem Statement”; • State-wide; • County-wide; • Municipality-wide. | <p>Meets criteria as defined in the <i>State of Wisconsin 2007 Highway Safety Performance Plan</i>. See plan on DOT website.</p> | <p>Grantees must work with their local project team to aggressively pursue aspects of the underage drinking environmental strategies. Environmental strategies include:</p> <ul style="list-style-type: none"> • Limitations to access; • Prevention of impaired driving; • Changing community norms & strategies based in schools; • Strong enforcement involvement; • Innovative programs. <p>Law enforcement strategies:</p> <ul style="list-style-type: none"> • Compliance investigation (check) programs; • Creation of local task forces; • Targeting establishments selling alcohol to minors. Public education activities range from working with local schools on safety programs to other law enforcement activities that include community involvement with young people & adults to creating underage drinking messages for local media. |
| <p>13. Wisconsin Department of</p> | <p>Title IV of the</p> | <p>U.S. Department of</p> | <p>Annually approximately</p> | <p>Juveniles adjudicated delinquent and</p> | <p>At EAS and LHS, boys</p> | <p>Almost all youth, both boys</p> | <p>s. 301.027 Wis Stats. Requires</p> |

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| <p>Corrections</p> <p>Division of Juvenile Corrections</p> <p><i>Three Juvenile Correction Institutions:</i></p> <p><i>1. Ethan Allen School (EAS);</i></p> <p><i>2. Lincoln Hills School (LHS);</i></p> <p><i>3. Southern Oaks Girls School (SOGS).</i></p> | <p>ESEA provides \$1,799.00 for Safe & Drug-Free Schools (AODA programming within the JCIs. Additional funds are supplied by DJC as part of the programming base for each institution.)</p> | <p>Education through Department of Public Instruction and the DJC budget.</p> | <p>150 youth can be served by the Title IV funding. In 2005, 241 males successfully completed the AODA treatment program at EAS and LHS. At SOGS in 2005, 120 girls completed some level of AODA education or treatment.</p> | <p>on a correctional order with a placement in a JCI. Ages can range from 10 to 25 years old. Males are served at EAS and LHS. Females are served at SOGS. All ethnic groups and races represented.</p> | <p>attend a 14-16 week treatment program that is divided into four phases. The treatment services are based on living units and are facilitated by two staff members. At SOGS, every girl upon arrival participates in a two-week AODA education program. The follow-up group is offered to all interested girls on general population units. Those girls assessed as having a substance abuse or dependence problem participate in the “Reflections” program which is 10 weeks in length.</p> | <p>and girls, are provided with basic AODA information during some part of their stay at a JCI. Staff uses two screening tools during the orientation program when the youth first arrives at an institution. First, every youth is given the Adolescent Alcohol and Drug Involvement Scale (AADIS). If the youth scores 37 or higher on the AADIS, then s/he is given the Adolescent Diagnostic Interview-Light (ADI-L) to identify abuse / dependence issues and determine treatment.</p> | <p>AODA treatment in DOC juvenile correctional institutions.</p> |
| <p>14. Administrative: Division of Disabilities and Elder Services</p> <p><i>Statewide Urban / Rural Women’s AODA Project</i></p> | <p>\$2.3 million annually</p> | <p>Substance Abuse Prevention Treatment Block Grant (SAPTBG) and Drug Abuse Program Improvement Surcharge (DAPIS)</p> | <p>Multiple grants to the following counties: Dane, Douglas, Forest, Oneida, Vilas and Washington. Direct contracts to Lutheran Social Services, Inc.; ARC Community Services, Inc.; Family Services of Northeastern Wisconsin, Inc.</p> | <p>Only females. Pregnant and parenting women and women.</p> | <p>Community-based substance-abuse treatment facilities.</p> | <p>Must be adult female or emancipated minor. Pregnant women are given first priority of services. All must have a substance-use disorder and involved in at least one other formal service system.</p> | <p>ss. 46.86(6)(a)</p> |

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| 15. Department of Health & Family Services | | | | | | | |
| Division of Mental Health & Substance Abuse Services | | | | | | | |
| Bureau of Mental Health & Substance Abuse Services | | | | | | | |
| Prevention Initiatives, A-I: | | | | | | | |
| A. American Indian AODA Program | \$268,900 | Substance Abuse Prevention and Treatment Block Grant | DHFS Tribal Affairs—Distributed to Wisconsin’s 11 Native American Indian Tribes | Native American Youth | Community | Native American | CFDA #: 93.959 |
| B. AODA Community Aids | \$1,947,140 | Substance Abuse Prevention and Treatment Block Grant | Community Aids Formula distributed to 72 counties as part of the Community Aids funding package | Youth under 18 | Community | In need of AODA prevention services | CFDA #: 93.959 |
| C. Brighter Futures Initiative | \$1,707,000 | Substance Abuse Prevention and Treatment Block Grant | Nine counties and one tribe | Youth in need of AODA prevention and youth development services | Community / School | Youth risk assessment | CFDA #: 93.959 |
| D. HIV Prevention | \$75,000 | Substance Abuse Prevention and Treatment Block Grant | Division of Public Health | Milwaukee—HIV / AIDS Clinics | Community / School | HIV affected individuals at risk of sharing needles | CFDA #: 93.959 |
| E. Inner-City High-Risk Youth Projects | \$200,000 | Substance Abuse Prevention and Treatment Block Grant | Counties of Dane, Rock, Kenosha, Racine | Youth under 18 | Community / School | Youth risk assessment | CFDA #: 93.959 |

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| F. Strategic Prevention Framework-State Incentive Grant | \$2,093,000 | Federal—Substance Abuse and Mental Health Administration / Center for Substance Abuse Prevention | Communities in need of AODA prevention. Funds must be used for reducing youth and young adult binge drinking, reducing alcohol-related motor vehicle fatalities, injuries or crashes, reduction of drug-related deaths. | Youth and young adults between the ages of 12 and 34. | Community | Request for Proposals—competitive grant | CFDA #: 93.238 |
| G. Western Region Methamphetamine Project | \$50,000 | Substance Abuse Prevention and Treatment Block Grant | Western Region Office & UW-Extension—Funds used to support training of trainers for methamphetamine-prevention initiatives. | AODA professionals | Community | Part of western region Methamphetamine Consortium | CFDA #: 93.959 |
| H. Wisconsin Clearinghouse for Prevention Resources | \$97,900 | Substance Abuse Prevention and Treatment Block Grant | Wisconsin Clearinghouse for Prevention Resources—UW-Madison | Statewide / Citizens | Statewide | Information resource sharing, training, technical assistance needs | CFDA #: 93.959 |
| I. Youth Gang Diversion | \$300,000 | Substance Abuse Prevention and Treatment Block Grant | Office of Justice Assistance | Youth under 18 | Probation / Parole | Charged with youth gang crime | CFDA #:93.959 |
| 15. Department of Health & Family Services Division of Public Health Prevention Initiative, J: J. Synar (prevention of tobacco sales to minors) | \$80,000 | SA Prevention and Treatment Block Grant | Division of Public Health | Statewide compliance checks | Statewide | Administrative Services | CFDA #: 93.959 |

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