Agency Budget Request

FISCAL YEAR 2027–2028

Louisiana Department of Health

377 — Northwest Louisiana Human Services District



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BUDGET REQUEST

Fiscal Year Ending June 30,2028

NAME OF DEPARTMENT / AGENCY: LDH/NLHSD

BUDGET UNIT: 09-377

SCHEDULE NUMBER:

TELEPHONE NUMBER: 318-676-5111

PHYSICAL ADDRESS: 1310 North Hearne Avenue
Shreveport, LA

ZIP CODE: 71107

WEB ADDRESS: NLHSD.org

WE HEREBY CERTIFY THAT THE STATEMENTS AND FIGURES ON THE ACCOMPANYING FORMS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

HEAD OF DEPARTMENT:	**HEAD OF BUDGET UNIT:**
PRINTED NAME/TITLE: Bruce Greenstein, Secretary	**PRINTED NAME/TITLE:** Douglas Efferson, Executive Director
DATE:	**DATE:** 10-23-26
EMAIL ADDRESS: Bruce.Greenstein@la.gov	**EMAIL ADDRESS:** Douglas.Efferson@la.gov
PROGRAM CONTACT PERSON: Gloria A. Stevenson-Lott	**FINANCIAL CONTACT PERSON:** Gloria A. Stevenson-Lott
TITLE: Finance Director	**TITLE:** Finance Director
TELEPHONE NUMBER: 318-676-5102	**TELEPHONE NUMBER:** 318-676-5102
EMAIL ADDRESS: Gloria.Lott@la.gov	**EMAIL ADDRESS:** Gloria.Lott@la.gov

Operational Plan

STATE OF LOUISIANA
Operational Plan Form
Department Goals

DEPARTMENT NUMBER AND NAME: 09A - LDH

DEPARTMENT MISSION:

The mission of the Louisiana Department of Health is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana; The Louisiana Department of Health is dedicated to fulfilling its mission through direct provision of quality services, the development and stimulation of services to others, and the utilization of available resources in the most effective manner.

DEPARTMENT GOALS:

The goals of the Louisiana Department of Health are:

I. To ensure that appropriate and quality health care services are provided to the citizens of Louisiana.

II. To protect and promote the health needs of the people of Louisiana and promote effective health practices.

III. To develop and stimulate services by others.

IV. To utilize available resources in the most effective manner.

STATE OF LOUISIANA
Operational Plan Form
Agency Goals

AGENCY NUMBER AND NAME: 377 - Northwest Louisiana Human Services Dist

AGENCY MISSION:

To increase public awareness of and to provide access for individuals with behavioral health and developmental disabilities to integrated community based services while promoting wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources.

AGENCY GOALS:

Goal I: To assure the services of the NLHSD are being performed within the expectations set forth in the NLHSD Board Governance Policy Manual. This includes assuring individuals have access to evidence-based, cost-effective services that are responsive to their needs so that:
i. Individuals with acute illnesses may rapidly resume optimal functioning.
ii. Individuals with chronic illness may focus on hope, empowerment, and personal growth so that self-determination leads to safe choices and positive lifestyle decisions.
iii. Youth, adults and family strengths are emphasized and recovery and resilience are enhanced.

Goal II: Maintain a trained and effective leadership team at the Board and District level

Goal III: Maintain Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation to ensure quality outcomes for the persons we serve, maintain ability to receive Medicaid reimbursement and utilize techniques that are efficient, cost-effective, and based on outcomes and consumer satisfaction.

Goal IV: Maximize financial viability so that the District is less dependent on State General Funds (SGF) and Block Grant Funds for the provision of services.

Goal V: Ensure the health and safety of individuals receiving home and community based waiver services. Goal 6: Ensure state general fund dollars are used in an efficient and effective manner to best serve individuals with developmental disabilities.

STATEMENT OF AGENCY STRATEGY FOR DEVELOPMENT OF HUMAN RESOURCE POLICIES THAT ARE HELPFUL AND BENEFICIAL TO WOMEN AND FAMILIES:

The Northwest Louisiana Human Services District abides by all state Civil Services guidelines and procedures regarding equal opportunity for staff and in particular women and their families.
The Northwest Louisiana Human Services District also addresses specific issues in respect to female employees and their families in the Human Resources policies for the agency and in the Northwest Louisiana Human Services District Personnel Handbook. All policies are reviewed annually and changes/additions are made accordingly to new mandates or as issues arise.
The Northwest Louisiana Human Services District focuses its treatment approach on the person and family in the provision of services and supports.
The family is paramount to the treatment model and serves as the basis for individual and family treatment, recovery and wellness adaptation.

STATE OF LOUISIANA
Operational Plan Form
Program Goals

PROGRAM NUMBER AND NAME: 3771 - Northwest Louisiana Human Services District

PROGRAM AUTHORIZATION:

The Northwest Louisiana Human Services District is organized under the provisions of the Louisiana revised statutes (LSA-RS): R.S. 373

PROGRAM MISSION:

Administrative:
To increase public awareness of and to provide access for individuals with behavioral health and developmental disabilities to integrated community based services while promoting wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources.

Behavioral Health:
To increase public awareness of and to provide access to care and support to improve the quality of life of individuals with mental illness and addictive disorders through a broad range of programmatic and community based wellness and recovery promoting services.

Developmental Disabilities:
Provide access for individuals with developmental disabilities to integrated community based services while supporting individuals to achieve their personal outcomes, meet their needs and promote their independence through a broad range of programmatic and community resources in Northwest Louisiana.

PROGRAM GOALS:

Administrative:
Goal I: To assure the services of the NLHSD are being performed within the expectations set forth in the NLHSD Board Governance Policy Manual. This includes assuring individuals have access to evidence-based, cost-effective services that are responsive to their needs so that:
i. Individuals with acute illnesses may rapidly resume optimal functioning.
ii. Individuals with chronic illness may focus on hope, empowerment, and personal growth so that self-determination leads to safe choices and positive lifestyle decisions.
iii. Youth, adults and family strengths are emphasized and recovery and resilience are enhanced.
Goal II: Maintain a trained and effective leadership team at the Board and District level

Behavioral Health:
Goal III: Maintain Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation to ensure quality outcomes for the persons we serve, maintain ability to receive Medicaid reimbursement and utilize techniques that are efficient, cost-effective, and based on outcomes and consumer satisfaction.
Goal IV: Maximize financial viability so that the District is less dependent on State General Funds (SGF) and Block Grant Funds for the provision of services.

Developmental Disabilities:
Goal V: Ensure the health and safety of individuals receiving home and community based waiver services.
Goal VI: Ensure state general fund dollars are used in an efficient and effective manner to best serve individuals with developmental disabilities.

PROGRAM ACTIVITY:

STATE OF LOUISIANA
Operational Plan Form
Program Goals

PROGRAM NUMBER AND NAME: 3771 - Northwest Louisiana Human Services District

The Northwest Louisiana Human Services District is one program comprised of administrative, behavioral health and developmental disabilities functions.

Northwest Louisiana Human Services District was created by Act 373 of the 2008 Legislative Session as part of a statewide integrated human services delivery system with local accountability and management to provide behavioral health and developmental disabilities services. These local human service systems are referred to as local governmental entities (LGEs) and feature practices such as a framework anchored in clear policy objectives, well-defined local roles and responsibilities, and measures to assure accountability of delivering quality services to consumers that assist in determining the relative efficiency and effectiveness of public systems. Northwest Louisiana Human Services District completed the formation process in 2014 and now serves the parishes of Caddo, Bossier, Webster, Claiborne, Bienville, Red River, Desoto, Sabine and Natchitoches. Administrative services include board governance, executive management, human resources, fiscal services, and operations. The Northwest Louisiana Human Services District is the state's safety-net behavioral health service provider for the uninsured and underinsured in our service area and fiscal services bill for reimbursable services provided to clients insured by Medicaid, Medicare, and other insurance companies or contracted entities.

Northwest Louisiana Human Services District provides community behavioral health services to help individuals and families reach their greatest potential. All individuals requesting services are provided equal access regardless of their payment source. A comprehensive array of mental health, addiction and co-occurring services are provided to its identified targeted population of children and adolescents ages 5 through 18, with severe emotional or behavioral disorders or addictive disorder and adults with mental health, addictive or co-occurring disorders. The target population for adults is those individuals with major mental disorders who meet functional assessment criteria under the 1915(i) state plan and individuals requesting medically necessary substance use services. Accessibility of service to persons in need and continuity of care between one service component and another is an integral part of the service delivery system. Northwest Louisiana Human Services District catchment area provides behavioral health services through four outpatient clinics. Outpatient clinic based services include: Information/Referral, Screening/Assessment/Evaluation, Nursing (Injections, HIV, STD and Pregnancy Testing), Individual, Family and Group Counseling, Community Psychiatric Support and Treatment (CPST), Medication Management, Outpatient and Intensive Outpatient Addiction Treatment Services, Co-Occurring Group Therapy, Peer Support Services, Pharmacy Services and Laboratory Services. Contracted mental health services include evidence-based practice Assertive Community Treatment Services, Case Management Services, Homeless Outreach, Consumer Care Resources, Transportation and Supported Housing. Contracted addiction services include Primary Prevention, Residential Adult Treatment, Inpatient Adolescent Treatment and Gambling Treatment (Outpatient, Intensive Outpatient and Inpatient). Service delivery includes full participation in the specialized behavioral health services through the Healthy Louisiana Plans. All Behavioral Health clinics in the Northwest Louisiana Human Services District participate as Medicaid Application and Voter Registration Centers for persons requesting services.

Developmental Disabilities serves as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System. Support Coordination services are provided to individuals and their families through DD where staff members are assigned cases and assess the needs for support and services, develop individual plans of support, make applicable referrals, and provide ongoing coordination for individual support plans. Services through the Home and Community-Based Waiver programs allows services to be provided in a home or community-based setting for the recipient who would otherwise require institutional care. This program is Medicaid funded and allows people greater flexibility to choose where they want to live and choose services and supports that best suit their individual needs. The Individual and Family Support Program is designed to assist individuals whose needs exceed those normally met by use of existing resources in the community, and other natural resources available. IFS provides assistance to individuals that are not available from other resources which will allow people with developmental disabilities to remain in their home or with family in the community. Individual and Family Supports services include but are not limited to: respite care, personal care assistance, specialized clothing such as adult briefs, dental and medical services, equipment and supplies, communication devices, crisis intervention, specialized utility costs, and specialized nutrition. The Flexible Family Fund Program is intended to assist families with children with severe or profound developmental disabilities to offset the extraordinary costs of maintaining their child in their own home. The program provides a monthly stipend to families of children under the age of 18 who have a qualifying exceptionality identified through their local educational authority.

STATE OF LOUISIANA
Operational Plan Form
Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 377 - Northwest Louisiana Human Services District

PROGRAM ID: 3771 - Northwest Louisiana Human Services District

PM OBJECTIVE: 3771-01 - Through the Administrative activity, the Northwest Louisiana Human Services District (NLHSD) will provide for the management and operational activities of services for addictive disorders, developmental disabilities and behavioral health.

Children's Budget Link:	Not Applicable
Human Resource Policies Beneficial to Women and Families Link:	Not Applicable
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:	Not Applicable
Explanatory Notes:	Not Applicable

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2025 - 2026	Actual Year End Performance 2025 - 2026	Performance Standard as Initially Appropriated 2026 - 2027	Existing Performance Standard 2026 - 2027	Performance at Continuation Budget Level 2027 - 2028	Performance at Executive Budget Level 2027 - 2028	Performance Standard as Initially Appropriated 2027 - 2028
25303	K	Percentage of clients who indicate they would continue to receive services at NLHSD clinics if given the choice to go elsewhere	P	90	100	90	90	90	0	0
25304	K	Percentage of clients who indicate they would recommend NLHSD clinics to family and friends	P	90	100	90	90	90	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025	Prior Year Actual FY2025 - 2026
25317	G	Total number of individuals served in the Northwest Louisiana Human Services District	N	25,564	23,347	20,003	22,122	21,594
25318	G	Total number of individuals served by outpatient mental health in Northwest Louisiana Human Services District	N	1,961	1,597	1,433	1,217	1,269
25319	G	Total number of individuals served by inpatient Addictive Disorders in Northwest Louisiana Human Services District	N	821	851	680	517	561
25320	G	Total number of individuals served by outpatient Addictive Disorders in Northwest Louisiana Human Services District	N	171	142	131	99	98
25321	G	Total number of enrollees in prevention programs	N	15,935	13,959	15,950	13,242	12,795

STATE OF LOUISIANA
Operational Plan Form
Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 377 - Northwest Louisiana Human Services District

PROGRAM ID: 3771 - Northwest Louisiana Human Services District

PM OBJECTIVE: 3771-02 - To ensure access to quality wellness and recovery oriented mental health, substance use and prevention services for children, adolescents and adults in the NLHSD service area through use of strong partnership with providers, use of best practices and use of utilization management data such that access to care and client satisfaction thresholds are achieved.

Children's Budget Link:	N/A
Human Resource Policies Beneficial to Women and Families Link:	N/A
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:	N/A
Explanatory Notes:	N/A

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2025 - 2026	Actual Year End Performance 2025 - 2026	Performance Standard as Initially Appropriated 2026 - 2027	Existing Performance Standard 2026 - 2027	Performance at Continuation Budget Level 2027 - 2028	Performance at Executive Budget Level 2027 - 2028	Performance Standard as Initially Appropriated 2027 - 2028
25305	K	Number of adults receiving mental health services in all NLHSD behavioral health clinics	N	1,500	1,042	1,500	1,500	1,500	0	0
25306	K	Number of children/adolescents receiving mental health services in all NLHSD behavioral health clinics	N	300	227	300	300	300	0	0
25307	K	Percentage of adults receiving mental health services who report that they would choose to continue to receive services from NLHSD if given a choice to receive services elsewhere.	P	90	100	90	90	90	0	0
25308	K	Percentage of mental health clients who would recommend NLHSD services to others	P	90	100	90	90	90	0	0
25309	K	Percentage of mental health cash subsidy slots utilized	P	99	91	99	99	99	0	0
25310	K	Percentage of individuals successfully completing the 24-hour residential addictive disorders treatment program	P	65	61	65	65	65	0	0

STATE OF LOUISIANA
Operational Plan Form
Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 377 - Northwest Louisiana Human Services District

PROGRAM ID: 3771 - Northwest Louisiana Human Services District

PM OBJECTIVE: 3771-03 - Through the Developmental Disability activity, to foster and facilitate independence for citizens with disabilities through the availability of home- and community-based services.

Children's Budget Link:	N/A
Human Resource Policies Beneficial to Women and Families Link:	N/A
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:	N/A
Explanatory Notes:	N/A

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2025 - 2026	Actual Year End Performance 2025 - 2026	Performance Standard as Initially Appropriated 2026 - 2027	Existing Performance Standard 2026 - 2027	Performance at Continuation Budget Level 2027 - 2028	Performance at Executive Budget Level 2027 - 2028	Performance Standard as Initially Appropriated 2027 - 2028
25313	K	Number of persons receiving individual and family support services	N	350	247	300	300	300	0	0
25314	K	Number of persons receiving Flexible Family Fund services	N	170	172	170	170	170	0	0
25315	K	Percentage of eligibility determinations determined to be valid according to the Flexible Family Fund promulgation	P	95	100	95	95	95	0	0
25316	K	Number of persons receiving developmental disabilities services	N	450	405	400	400	400	0	0

Budget Request Overview

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	9,333,445	9,644,656	9,618,372	(26,284)	(0.27)%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	4,663,343	6,247,244	6,247,244	—	—
FEES & SELF-GENERATED	655,756	1,000,000	1,000,000	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$14,652,544**	**$16,891,900**	**$16,865,616**	**$(26,284)**	**(0.16)%**

Fees and Self-Generated

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated Revenues	655,756	1,000,000	1,000,000	—	—
Total:	**$655,756**	**$1,000,000**	**$1,000,000**	**—**	**—**

Statutory Dedications

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Percent Change
Total:	**—**	**—**	**—**	**—**	**—**

Agency Expenditures

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Percent Change
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Travel	410	—	—	—	—
Operating Services	2,134	—	—	—	—
Supplies	3,097	—	—	—	—
TOTAL OPERATING EXPENSES	**$5,641**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	14,346,988	16,544,553	16,518,269	(26,284)	(0.16)%
Debt Service	—	—	—	—	—
Interagency Transfers	299,915	347,347	347,347	—	—
TOTAL OTHER CHARGES	**$14,646,903**	**$16,891,900**	**$16,865,616**	**$(26,284)**	**(0.16)%**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$14,652,544**	**$16,891,900**	**$16,865,616**	**$(26,284)**	**(0.16)%**

Agency Positions

Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	91	91	92	1	1.10%
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—
TOTAL POSITIONS	91	91	92	1	1.10%

Cost Detail

Means of Financing

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
State General Fund	9,333,445	9,644,656	9,618,372	(26,284)
Interagency Transfers	4,663,343	6,247,244	6,247,244	—
Fees & Self-generated Revenues	655,756	1,000,000	1,000,000	—
Total:	**$14,652,544**	**$16,891,900**	**$16,865,616**	**$(26,284)**

Travel

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5210110	CONFERENCE REG FEES	410	—	—	—
Total Travel:		**$410**	**—**	**—**	**—**

Operating Services

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5330018	MAINT-AUTO REPAIRS	2,134	—	—	—
Total Operating Services:		**$2,134**	**—**	**—**	**—**

Supplies

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5410001	SUP-OFFICE SUPPLIES	208	—	—	—
5410036	SUP-FUELTRAC	2,890	—	—	—
Total Supplies:		**$3,097**	**—**	**—**	**—**

Other Charges

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	7,474,252	7,447,968	(26,284)
5610003	OTHER PUBLIC ASST	61,404	—	—	—
5620063	MISC-OPERATNG SVCS	687,551	—	—	—

Other Charges *(continued)*

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5620064	MISC-PROF SVCS	4,722,947	—	—	—
5620065	MISC-SUPPLIES OTHER	97,216	—	—	—
5620066	MISC-TRVL IN STATE	5,061	—	—	—
5620072	MISC-OC SAL CLASS&UN	5,748,707	5,951,314	5,951,314	—
5620074	MISC-OC-SAL CLSS TRM	18,187	86,000	86,000	—
5620076	MISC-OC-WAGES	116,843	147,350	147,350	—
5620078	MISC-OC-RETIRE-STEM	1,725,661	1,763,220	1,763,220	—
5620081	MISC-OC-F.I.C.A. TAX	12,811	11,812	11,812	—
5620082	MISC-OC-MEDICARE TAX	76,085	74,445	74,445	—
5620083	MISC-OC-GRP INS CONT	754,660	676,842	676,842	—
5620137	MISC-OC-PS-MEDICAL	103,650	—	—	—
5620164	MISC-OC REL BENEFITS	—	153,318	153,318	—
5620165	MISC-OC-POST RET BEN	216,204	206,000	206,000	—
Total Other Charges:		**$14,346,988**	**$16,544,553**	**$16,518,269**	**$(26,284)**

Interagency Transfers

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5950001	IAT-COMMODITY/SERV	141,520	118,190	118,190	—
5950007	IAT-PRINTING	339	—	—	—
5950008	IAT-POSTAGE	64	—	—	—
5950014	IAT-TELEPHONE	87,026	—	—	—
5950049	IAT-CIVIL SERVICE	—	37,123	37,123	—
5950050	IAT-ORM INSURANCE	—	75,793	75,793	—
5950051	IAT-OSUP	—	5,805	5,805	—
5950052	IAT-LEG. AUDITOR	—	37,973	37,973	—

Interagency Transfers *(continued)*

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5950058	IAT-TECH SVCS	70,966	72,463	72,463	—
Total Interagency Transfers:		**$299,915**	**$347,347**	**$347,347**	**—**
Total Agency Expenditures:		**$14,652,544**	**$16,891,900**	**$16,865,616**	**$(26,284)**

PROGRAM SUMMARY STATEMENT

3771 - Northwest Louisiana Human Services Distr

Means of Financing

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	9,333,445	9,644,656	9,618,372	(26,284)	(0.27)%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	4,663,343	6,247,244	6,247,244	—	—
FEES & SELF-GENERATED	655,756	1,000,000	1,000,000	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$14,652,544**	**$16,891,900**	**$16,865,616**	**$(26,284)**	**(0.16)%**

Fees and Self-Generated

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated Revenues	655,756	1,000,000	1,000,000	—	—
Total:	**$655,756**	**$1,000,000**	**$1,000,000**	**—**	**—**

Program Expenditures

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Percent Change
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Travel	410	—	—	—	—
Operating Services	2,134	—	—	—	—
Supplies	3,097	—	—	—	—
TOTAL OPERATING EXPENSES	**$5,641**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	14,346,988	16,544,553	16,518,269	(26,284)	(0.16)%
Debt Service	—	—	—	—	—
Interagency Transfers	299,915	347,347	347,347	—	—
TOTAL OTHER CHARGES	**$14,646,903**	**$16,891,900**	**$16,865,616**	**$(26,284)**	**(0.16)%**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$14,652,544**	**$16,891,900**	**$16,865,616**	**$(26,284)**	**(0.16)%**

Program Positions

Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	91	91	92	1	1.10%
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—
TOTAL POSITIONS	91	91	92	1	1.10%

Cost Detail

Means of Financing

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
State General Fund	9,333,445	9,644,656	9,618,372	(26,284)
Interagency Transfers	4,663,343	6,247,244	6,247,244	—
Fees & Self-generated Revenues	655,756	1,000,000	1,000,000	—
Total:	**$14,652,544**	**$16,891,900**	**$16,865,616**	**$(26,284)**

Travel

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5210110	CONFERENCE REG FEES	410	—	—	—
Total Travel:		**$410**	**—**	**—**	**—**

Operating Services

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5330018	MAINT-AUTO REPAIRS	2,134	—	—	—
Total Operating Services:		**$2,134**	**—**	**—**	**—**

Supplies

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5410001	SUP-OFFICE SUPPLIES	208	—	—	—
5410036	SUP-FUELTRAC	2,890	—	—	—
Total Supplies:		**$3,097**	**—**	**—**	**—**

Other Charges

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	7,474,252	7,447,968	(26,284)
5610003	OTHER PUBLIC ASST	61,404	—	—	—
5620063	MISC-OPERATNG SVCS	687,551	—	—	—

Other Charges *(continued)*

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5620064	MISC-PROF SVCS	4,722,947	—	—	—
5620065	MISC-SUPPLIES OTHER	97,216	—	—	—
5620066	MISC-TRVL IN STATE	5,061	—	—	—
5620072	MISC-OC SAL CLASS&UN	5,748,707	5,951,314	5,951,314	—
5620074	MISC-OC-SAL CLSS TRM	18,187	86,000	86,000	—
5620076	MISC-OC-WAGES	116,843	147,350	147,350	—
5620078	MISC-OC-RETIRE-STEM	1,725,661	1,763,220	1,763,220	—
5620081	MISC-OC-F.I.C.A. TAX	12,811	11,812	11,812	—
5620082	MISC-OC-MEDICARE TAX	76,085	74,445	74,445	—
5620083	MISC-OC-GRP INS CONT	754,660	676,842	676,842	—
5620137	MISC-OC-PS-MEDICAL	103,650	—	—	—
5620164	MISC-OC REL BENEFITS	—	153,318	153,318	—
5620165	MISC-OC-POST RET BEN	216,204	206,000	206,000	—
Total Other Charges:		**$14,346,988**	**$16,544,553**	**$16,518,269**	**$(26,284)**

Interagency Transfers

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5950001	IAT-COMMODITY/SERV	141,520	118,190	118,190	—
5950007	IAT-PRINTING	339	—	—	—
5950008	IAT-POSTAGE	64	—	—	—
5950014	IAT-TELEPHONE	87,026	—	—	—
5950049	IAT-CIVIL SERVICE	—	37,123	37,123	—
5950050	IAT-ORM INSURANCE	—	75,793	75,793	—
5950051	IAT-OSUP	—	5,805	5,805	—
5950052	IAT-LEG. AUDITOR	—	37,973	37,973	—

Interagency Transfers *(continued)*

Commitment Item	Name	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB
5950058	IAT-TECH SVCS	70,966	72,463	72,463	—
Total Interagency Transfers:		**$299,915**	**$347,347**	**$347,347**	**—**
Total Expenditures for Program 3771		**$14,652,544**	**$16,891,900**	**$16,865,616**	**$(26,284)**
Total Agency Expenditures:		**$14,652,544**	**$16,891,900**	**$16,865,616**	**$(26,284)**

SOURCE OF FUNDING SUMMARY

Agency Overview

Interagency Transfers

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Form ID
LDH-OBH	4,663,343	6,247,244	6,247,244	—	56481
Total Interagency Transfers	**$4,663,343**	**$6,247,244**	**$6,247,244**	**—**	

Fees & Self-generated

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Total Request	Over/Under EOB	Form ID
INEL PATIENT FEES	23,257	15,000	15,000	—	56094
MISC SELF-GEN REVENUE	27,168	25,000	25,000	—	56096
MISC SELF-GEN REVENUE	—	300	300	—	56097
MISC SELF-GEN REVENUE	—	600	600	—	56098
MEDICARE	160,688	120,000	120,000	—	56100
MEDICAID	365,830	799,100	799,100	—	56103
INSURANCE RECOVERY	78,813	40,000	40,000	—	56482
Total Fees & Self-generated	**$655,756**	**$1,000,000**	**$1,000,000**	**—**	
Total Sources of Funding:	**$5,319,099**	**$7,247,244**	**$7,247,244**	**—**	

SOURCE OF FUNDING DETAIL

Interagency Transfers

Form 56481 — 377-IAT from OBH

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	6,247,244	—	—	6,247,244	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$6,247,244**	**—**	**—**	**$6,247,244**	**—**	**—**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$6,247,244**	**—**	**—**	**$6,247,244**	**—**	**—**	**—**	**—**	**—**

Form 56481 — 377-IAT from OBH

Question	Narrative Response
State the purpose, source and legal citation.	These are IAT appropriations used to provide mental health and substance abuse prevention and treatment for behavioral health clients. These appropriations also includes statutory dedicated revenue to provide prevention and treatment for tobacco and gambling addictions.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	Future funding availability and congressional funding difficulties may result in budgetary peculiarities.
Is the Total Request amount for multiple years?	No
Additional information or comments.	None
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Fees & Self-generated

Form 56094 — 377-INELIGIBLE PATIENT FEES

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	15,000	—	—	15,000	—	—	15,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$15,000**	**—**	**—**	**$15,000**	**—**	**—**	**$15,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$15,000**	**—**	**—**	**$15,000**	**—**	**—**	**$15,000**	**—**	**—**

Form 56094 — 377-INELIGIBLE PATIENT FEES

Question	Narrative Response
State the purpose, source and legal citation.	These are self-generated revenues received from patients for Medicaid reimbursement billing and who are billed through third party insurance or are self-pay.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	Budgetary peculiarities may result from the amount of ineligible patient fees collected and number of clients who meet this particular criteria.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	None.
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

Form 56096 — 377-MISCELLANEOUS

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	25,000	—	—	25,000	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$25,000**	**—**	**—**	**$25,000**	**—**	**—**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$25,000**	**—**	**—**	**$25,000**	**—**	**—**	**—**	**—**	**—**

Form 56096 — 377-MISCELLANEOUS

Question	Narrative Response
State the purpose, source and legal citation.	These are self-generated revenues collected as a result of form fees, medical records and MAC incentives received as a result of Medicaid Applications filed on behalf of current clients.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	Budgetary peculiarities may result from number of billable services, the number of medical records requests as well as the number of Medicaid Applications filed on behalf of current clients.
Is the Total Request amount for multiple years?	No
Additional information or comments.	N/A
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	None.

Form 56097 — 377-MISC - URINE DRUG SCREENS

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	300	—	—	300	—	—	300	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$300**	**—**	**—**	**$300**	**—**	**—**	**$300**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$300**	**—**	**—**	**$300**	**—**	**—**	**$300**	**—**	**—**

Form 56097 — 377-MISC - URINE DRUG SCREENS

Question	Narrative Response
State the purpose, source and legal citation.	These revenues are self generated fees assessed for client urine drug screens.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	Budgetary peculiarities may result from number of drug screens collected.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	None.
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	None.

Form 56098 — 377 - MISCELLANEOUS - DWI COPAY

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	600	—	—	600	—	—	600	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$600**	**—**	**—**	**$600**	**—**	**—**	**$600**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$600**	**—**	**—**	**$600**	**—**	**—**	**$600**	**—**	**—**

Form 56098 — 377 - MISCELLANEOUS - DWI COPAY

Question	Narrative Response
State the purpose, source and legal citation.	These are self-generated revenues received from clients required to submit for screenings due to DWI offenses.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	The number of DWI CoPay clients and the ability to collect copays affect the collection of these type of funds.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	None.
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	None.

Form 56100 — 377 - MEDICARE

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	120,000	—	—	120,000	—	—	120,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$120,000**	**—**	**—**	**$120,000**	**—**	**—**	**$120,000**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$120,000**	**—**	**—**	**$120,000**	**—**	**—**	**$120,000**	**—**	**—**

Form 56100 — 377 - MEDICARE

Question	Narrative Response
State the purpose, source and legal citation.	These revenues are received for Medicare eligible clients who are treated in the behavioral health clinics.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	The number of Medicare eligible clients and changes in the per diem rate may affect the amount collected.
Is the Total Request amount for multiple years?	No
Additional information or comments.	None.
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	None.

Form 56103 — 377 - MEDICAID

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	799,100	—	—	799,100	—	—	999,100	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$799,100**	**—**	**—**	**$799,100**	**—**	**—**	**$999,100**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$799,100**	**—**	**—**	**$799,100**	**—**	**—**	**$999,100**	**—**	**—**

Form 56103 — 377 - MEDICAID

Question	Narrative Response
State the purpose, source and legal citation.	These revenues are received for services provided to Medicaid eligible clients who are treated in the behavioral health clinics. These revenues help to support mental health and addiction services.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	The number of Medicaid eligible clients, changes in the per diem rate and eligibility criteria affect the amount of funds collected.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	None.
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	None.

Form 56482 — 377-Third Party Liability

Expenditures	Existing Operating Budget as of 10/01/2026			FY2027-2028 Total Request			FY2028-2029 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	40,000	—	—	40,000	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	**$40,000**	**—**	**—**	**$40,000**	**—**	**—**	**—**	**—**	**—**
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$40,000**	**—**	**—**	**$40,000**	**—**	**—**	**—**	**—**	**—**

Form 56482 — 377-Third Party Liability

Question	Narrative Response
State the purpose, source and legal citation.	These revenues are received through filing of claims to third party insurance companies for services received by clients. These revenues help to support mental health and addiction services.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	Timely claims filing, the number of clients with private insurance may cause fluctuations in collection of billable services.
Is the Total Request amount for multiple years?	No
Additional information or comments.	None.
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	N/A
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	N/A

EXPENDITURES BY MEANS OF FINANCING

Existing Operating Budget

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 56481 LDH-OBH	Fees & Self-generated Form ID 56094 INEL PATIENT FEES	Fees & Self-generated Form ID 56096 MISC SELF-GEN REVENUE
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	16,544,553	9,297,309	6,247,244	15,000	25,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	347,347	347,347	—	—	—
TOTAL OTHER CHARGES	**—**	**$16,891,900**	**$9,644,656**	**$6,247,244**	**$15,000**	**$25,000**
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**—**	**$16,891,900**	**$9,644,656**	**$6,247,244**	**$15,000**	**$25,000**

Expenditures	Fees & Self-generated Form ID 56097 MISC SELF-GEN REVENUE	Fees & Self-generated Form ID 56098 MISC SELF-GEN REVENUE	Fees & Self-generated Form ID 56100 MEDICARE	Fees & Self-generated Form ID 56103 MEDICAID	Fees & Self-generated Form ID 56482 INSURANCE RECOVERY
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	300	600	120,000	799,100	40,000
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	**$300**	**$600**	**$120,000**	**$799,100**	**$40,000**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$300**	**$600**	**$120,000**	**$799,100**	**$40,000**

Total Request

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 56481 LDH-OBH	Fees & Self-generated Form ID 56094 INEL PATIENT FEES	Fees & Self-generated Form ID 56096 MISC SELF-GEN REVENUE
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	—	16,518,269	9,271,025	6,247,244	15,000	25,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	347,347	347,347	—	—	—
TOTAL OTHER CHARGES	**—**	**$16,865,616**	**$9,618,372**	**$6,247,244**	**$15,000**	**$25,000**
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**—**	**$16,865,616**	**$9,618,372**	**$6,247,244**	**$15,000**	**$25,000**

Expenditures	Fees & Self-generated Form ID 56097 MISC SELF-GEN REVENUE	Fees & Self-generated Form ID 56098 MISC SELF-GEN REVENUE	Fees & Self-generated Form ID 56100 MEDICARE	Fees & Self-generated Form ID 56103 MEDICAID	Fees & Self-generated Form ID 56482 INSURANCE RECOVERY
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	300	600	120,000	799,100	40,000
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	**$300**	**$600**	**$120,000**	**$799,100**	**$40,000**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$300**	**$600**	**$120,000**	**$799,100**	**$40,000**

REVENUE COLLECTIONS/INCOME

Interagency Transfers

003 - Interagency Transfers

Source	Commitment Item	Commitment Item Name	FY2025-2026 Actuals	FY-2027 Estimate	FY2027-2028 Projected	Over/Under Current Year Estimate
SOURCE						
INTERAGENCY TRANSFERS	4830013	INT FUND PY TRAN OUT	4,702,221	6,247,244	6,247,244	—
Total Collections/Income			**$4,702,221**	**$6,247,244**	**$6,247,244**	**—**
TYPE						
Expenditures Source of Funding Form (BR-6)			4,663,343	6,247,244	6,247,244	—
Transfer			38,878	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			**$4,702,221**	**$6,247,244**	**$6,247,244**	**—**
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**—**	**—**	**—**

Fees & Self-generated

002 - Fees & Self-generated Revenues

Source	Commitment Item	Commitment Item Name	FY2025-2026 Actuals	FY-2027 Estimate	FY2027-2028 Projected	Over/Under Current Year Estimate
SOURCE						
INEL PATIENT FEES	4550032	FEES-INELIG PATIENT	23,257	15,000	15,000	—
INSURANCE REC	4650024	SALE NS-COMM INS	78,813	40,000	40,000	—
MISC SELF-GEN REVENUE	4650010	SALE NON ST-SERVICES	27,167	25,000	25,000	—
MISC SELF-GEN REVENUE	4650010	SALE NON ST-SERVICES	—	300	300	—
MISC SELF-GEN REVENUE	4650010	SALE NON ST-SERVICES	—	600	600	—
MEDICARE	4650010	SALE NON ST-SERVICES	160,688	120,000	120,000	—
MEDICAID	4650010	SALE NON ST-SERVICES	580,274	799,100	799,100	—
Total Collections/Income			**$870,199**	**$1,000,000**	**$1,000,000**	**—**
TYPE						
Expenditures Source of Funding Form (BR-6)			655,756	1,000,000	1,000,000	—
Transfer			214,443	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			**$870,199**	**$1,000,000**	**$1,000,000**	**—**
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			**—**	**—**	**—**	**—**

Justification of Differences

Form 57186 — 377-INTERAGENCY TRANSFERS

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	NONE

Form 57187 — 377-INELIGIBLE PATIENT FEES

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	NONE

Form 57198 — 377-THIRD PARTY INSURANCE

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	NONE

Form 57204 — 377-MISCELLANEOUS

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	NONE

Form 57205 — 377-MISC-URINE DRUG SCREEN

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	NONE

Form 57206 — 377-MISCELLANEOUS-DWI COPAY

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	NONE

Form 57207 — 377-MEDICARE

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	NONE

Form 57208 — 377-MEDICAID

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	NONE

SCHEDULE OF REQUESTED EXPENDITURES

3771 - Northwest Louisiana Human Services Distr

Other Charges

FY2027-2028 Request	Means of Financing	Description
68,112	State General Fund	
$68,112		**5610003 -Other Public Assistance - payments made to eligible individuals through Developmental Disabilities assistance program.**
823,895	State General Fund	
$823,895		**5620063 - MISC-OPERATING SERVICES - costs for outside services including but not limited to utility bills, rental and lease costs, janitorial services, building maintenance and repair services.**
6,366,091	State General Fund	
$6,366,091		**5620064 - MISC-PROFESSIONAL SERVICES- services provided in specialized fields by outside sources (ex. contract services to facilitate special programs, ie. TANF, Gambling, etc.)**
197,874	State General Fund	
$197,874		**5620065 MISC-Supplies Other - articles and commodities consumed or materially altered during routine office operations, ex office supplies and equipment, hand sanitizer, cleaning supplies, etc.**
23,109	State General Fund	
$23,109		**5620066 - MISC TRAVEL - In state travel for employees necessary to accomplishment job requirements (ex. training).**
9,039,188	State General Fund	
$9,039,188		**5620072-5620165 MISC SALARIES & RELATED BENEFITS includes but not limited to salaries for classified and unclassified employees, overtime, leave at termination, retirement, wages for restricted appointments and other compensation.**
$16,518,269	**Total Other Charges**	

Interagency Transfers

FY2027-2028 Request	Means of Financing	Receiving Agency	Description
72,463	State General Fund		
$72,463		**DOA-OFFICE OF TECHNOLOGY SVCS**	**IAT-Technology Fee**
37,973	State General Fund		
$37,973		**LEGISLATIVE AUDITOR**	**Fee for Legislative audit services**
118,190	State General Fund		
$118,190		**MISCELLANEOUS STATE AID**	**Includes fees/costs for IAT Telephone/ Telecommunication services**
75,793	State General Fund		
$75,793		**OFFICE OF RISK MANAGEMENT**	**Costs for insurance premiums**
37,123	State General Fund		
$37,123		**STATE CIVIL SERVICE**	**Civil Service fees**
5,805	State General Fund		
$5,805		**UNIFORM PAYROLL OFFICE**	**Office of State Uniform Payroll fee**
$347,347	**Total Interagency Transfers**		

Continuation Budget Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	Existing Operating Budget as of 10/01/2026	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2027-2028 Requested Continuation Level
STATE GENERAL FUND (Direct)	9,644,656	—	4,829	(131,484)	100,371	—	9,618,372
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	6,247,244	—	—	—	—	—	6,247,244
FEES & SELF-GENERATED	1,000,000	—	—	—	—	—	1,000,000
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$16,891,900**	**—**	**$4,829**	**$(131,484)**	**$100,371**	**—**	**$16,865,616**

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2026	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2027-2028 Requested Continuation Level
Fees & Self-generated Revenues	1,000,000	—	—	—	—	—	1,000,000
Total:	**$1,000,000**	**—**	**—**	**—**	**—**	**—**	**$1,000,000**

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2026	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2027-2028 Requested Continuation Level
Total:	**—**	**—**	**—**	**—**	**—**	**—**	**—**

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2026	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2027-2028 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	16,544,553	—	4,829	(131,484)	100,371	—	16,518,269
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	347,347	—	—	—	—	—	347,347
TOTAL OTHER CHARGES	**$16,891,900**	**—**	**$4,829**	**$(131,484)**	**$100,371**	**—**	**$16,865,616**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$16,891,900**	**—**	**$4,829**	**$(131,484)**	**$100,371**	**—**	**$16,865,616**
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**91**	**—**	**—**	**—**	**1**	**—**	**92**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**

CONTINUATION BUDGET ADJUSTMENTS - SUMMARIZED

Form 61543 — Other Adjustments-Inflation

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	4,829
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$4,829**

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	4,829
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$4,829**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$4,829**

Form 61277 — Compulsory-Salary Base Adjustment

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	175,112
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$175,112**

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	175,112
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$175,112**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$175,112**

Form 61532 — Other Adjustment-Compulsory-Related Benefits

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(306,596)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$(306,596)**

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	(306,596)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$(306,596)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(306,596)**

Form 61656 — Other Adjustment-Workload

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	100,371
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$100,371**

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	1
TOTAL NON-T.O. FTE POSITIONS	—

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	100,371
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$100,371**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$100,371**

PROGRAM SUMMARY STATEMENT

3771 - Northwest Louisiana Human Services Distr

Means of Financing

Description	Existing Operating Budget as of 10/01/2026	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2027-2028 Requested Continuation Level
STATE GENERAL FUND (Direct)	9,644,656	—	4,829	(131,484)	100,371	—	9,618,372
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	6,247,244	—	—	—	—	—	6,247,244
FEES & SELF-GENERATED	1,000,000	—	—	—	—	—	1,000,000
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$16,891,900**	**—**	**$4,829**	**$(131,484)**	**$100,371**	**—**	**$16,865,616**

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2026	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2027-2028 Requested Continuation Level
Fees & Self-generated Revenues	1,000,000	—	—	—	—	—	1,000,000
Total:	**$1,000,000**	**—**	**—**	**—**	**—**	**—**	**$1,000,000**

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2026	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2027-2028 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	16,544,553	—	4,829	(131,484)	100,371	—	16,518,269
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	347,347	—	—	—	—	—	347,347
TOTAL OTHER CHARGES	**$16,891,900**	**—**	**$4,829**	**$(131,484)**	**$100,371**	**—**	**$16,865,616**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$16,891,900**	**—**	**$4,829**	**$(131,484)**	**$100,371**	**—**	**$16,865,616**
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**91**	**—**	**—**	**—**	**1**	**—**	**92**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**

CONTINUATION BUDGET ADJUSTMENTS - BY PROGRAM

Form 61543 — Other Adjustments-Inflation

3771 - Northwest Louisiana Human Services Distr

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	4,829
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$4,829**

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	4,829
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$4,829**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$4,829**

Question	Narrative Response
Explain the need for this request.	This adjustment is in accordance with the Division of Administration's budget guidelines with applicable inflation factors at 3.42 increase for Professional Services-Medical.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	This increase funding would not be available to adjust for inflation as required.
Is revenue a fixed amount or can it be adjusted?	It can be adjusted
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	None

Form 61277 — Compulsory-Salary Base Adjustment

3771 - Northwest Louisiana Human Services Distr

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	175,112
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$175,112**

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	175,112
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$175,112**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$175,112**

Question	Narrative Response
Explain the need for this request.	This adjustment is necessary to fund projected increases for authorized positions.
Cite performance indicators for the adjustment.	N/A
What would the impact be if this is not funded?	Funding would not be available for required salary adjustments.
Is revenue a fixed amount or can it be adjusted?	No
Is the expenditure of these revenues restricted?	No
Additional information or comments.	None

Form 61532 — Other Adjustment-Compulsory-Related Benefits

3771 - Northwest Louisiana Human Services Distr

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	(306,596)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$(306,596)**

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	(306,596)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$(306,596)**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$(306,596)**

Question	Narrative Response
Explain the need for this request.	This adjustment decreases funds for MIS OC Related Benefits in accordance with PEP document as of 10/1/2026.
Cite performance indicators for the adjustment.	N/A
What would the impact be if this is not funded?	Required adjustments would not be made according to projected PEP calculations.
Is revenue a fixed amount or can it be adjusted?	No
Is the expenditure of these revenues restricted?	None
Additional information or comments.	

Form 61656 — Other Adjustment-Workload

3771 - Northwest Louisiana Human Services Distr

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	100,371
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	**$100,371**

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	1
TOTAL NON-T.O. FTE POSITIONS	—

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	**—**
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	**—**
PROFESSIONAL SERVICES	**—**
Other Charges	100,371
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	**$100,371**
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	**—**
TOTAL EXPENDITURES	**$100,371**

Question	Narrative Response
Explain the need for this request.	
Cite performance indicators for the adjustment.	
What would the impact be if this is not funded?	
Is revenue a fixed amount or can it be adjusted?	
Is the expenditure of these revenues restricted?	
Additional information or comments.	



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Technical and Other Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in this Adjustment Package	FY2027-2028 Requested Realignment
STATE GENERAL FUND (Direct)	9,644,656	(26,284)	—	9,618,372
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	6,247,244	—	—	6,247,244
FEES & SELF-GENERATED	1,000,000	—	—	1,000,000
STATUTORY DEDICATIONS	—	—	—	—
FEDERAL FUNDS	—	—	—	—
TOTAL MEANS OF FINANCING	**$16,891,900**	**$(26,284)**	**—**	**$16,865,616**
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**
Other Charges	16,544,553	(26,284)	—	16,518,269
Debt Service	—	—	—	—
Interagency Transfers	347,347	—	—	347,347
TOTAL OTHER CHARGES	**$16,891,900**	**$(26,284)**	**—**	**$16,865,616**
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$16,891,900**	**$(26,284)**	**—**	**$16,865,616**
Classified	**—**	**—**	**—**	**—**
Unclassified	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**91**	**1**	**—**	**92**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**

PROGRAM BREAKOUT

Means of Financing	Requested in this Adjustment Package	3771 Northwest Louisiana Human Services Distr
STATE GENERAL FUND (Direct)	—	—
STATE GENERAL FUND BY:	—	—
INTERAGENCY TRANSFERS	—	—
FEES & SELF-GENERATED	—	—
STATUTORY DEDICATIONS	—	—
FEDERAL FUNDS	—	—
TOTAL MEANS OF FINANCING	**—**	**—**
Salaries	—	—
Other Compensation	—	—
Related Benefits	—	—
TOTAL SALARIES	**—**	**—**
Travel	—	—
Operating Services	—	—
Supplies	—	—
TOTAL OPERATING EXPENSES	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**
Other Charges	—	—
Debt Service	—	—
Interagency Transfers	—	—
TOTAL OTHER CHARGES	**—**	**—**
Acquisitions	—	—
Major Repairs	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**
TOTAL EXPENDITURES & REQUEST	**—**	**—**
Classified	**—**	**—**
Unclassified	**—**	**—**
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**—**	**—**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**

PROGRAM SUMMARY STATEMENT

3771 - Northwest Louisiana Human Services Distr

Means of Financing	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in this Adjustment Package	FY2027-2028 Requested Realignment
STATE GENERAL FUND (Direct)	9,644,656	(26,284)	—	9,618,372
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	6,247,244	—	—	6,247,244
FEES & SELF-GENERATED	1,000,000	—	—	1,000,000
STATUTORY DEDICATIONS	—	—	—	—
FEDERAL FUNDS	—	—	—	—
TOTAL MEANS OF FINANCING	**$16,891,900**	**$(26,284)**	**—**	**$16,865,616**
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**
Other Charges	16,544,553	(26,284)	—	16,518,269
Debt Service	—	—	—	—
Interagency Transfers	347,347	—	—	347,347
TOTAL OTHER CHARGES	**$16,891,900**	**$(26,284)**	**—**	**$16,865,616**
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$16,891,900**	**$(26,284)**	**—**	**$16,865,616**
Classified	**—**	**—**	**—**	**—**
Unclassified	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**91**	**1**	**—**	**92**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**

New or Expanded Requests

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in Technical/Other Package	FY2027-2028 Requested New/Expanded	FY2027-2028 Requested Realignment
STATE GENERAL FUND (Direct)	9,644,656	(26,284)	—	—	9,618,372
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	6,247,244	—	—	—	6,247,244
FEES & SELF-GENERATED	1,000,000	—	—	—	1,000,000
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$16,891,900**	**$(26,284)**	**—**	**—**	**$16,865,616**
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	16,544,553	(26,284)	—	—	16,518,269
Debt Service	—	—	—	—	—
Interagency Transfers	347,347	—	—	—	347,347
TOTAL OTHER CHARGES	**$16,891,900**	**$(26,284)**	**—**	**—**	**$16,865,616**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$16,891,900**	**$(26,284)**	**—**	**—**	**$16,865,616**
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	91	1	—	—	92
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in Technical/Other Package	FY2027-2028 Requested New/Expanded	FY2027-2028 Requested Realignment
Fees & Self-generated Revenues	1,000,000	—	—	—	1,000,000
Total:	**$1,000,000**	**—**	**—**	**—**	**$1,000,000**

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in Technical/Other Package	FY2027-2028 Requested New/Expanded	FY2027-2028 Requested Realignment
Total:	**—**	**—**	**—**	**—**	**—**

PROGRAM SUMMARY STATEMENT

3771 - Northwest Louisiana Human Services Distr

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in Technical/Other Package	FY2027-2028 Requested New/Expanded	FY2027-2028 Requested Realignment
STATE GENERAL FUND (Direct)	9,644,656	(26,284)	—	—	9,618,372
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	6,247,244	—	—	—	6,247,244
FEES & SELF-GENERATED	1,000,000	—	—	—	1,000,000
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$16,891,900**	**$(26,284)**	**—**	**—**	**$16,865,616**
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**
Other Charges	16,544,553	(26,284)	—	—	16,518,269
Debt Service	—	—	—	—	—
Interagency Transfers	347,347	—	—	—	347,347
TOTAL OTHER CHARGES	**$16,891,900**	**$(26,284)**	**—**	**—**	**$16,865,616**
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$16,891,900**	**$(26,284)**	**—**	**—**	**$16,865,616**
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	91	1	—	—	92
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in Technical/Other Package	FY2027-2028 Requested New/Expanded	FY2027-2028 Requested Realignment
Fees & Self-generated Revenues	1,000,000	—	—	—	1,000,000
Total:	**$1,000,000**	**—**	**—**	**—**	**$1,000,000**

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustment	FY2027-2028 Requested in Technical/Other Package	FY2027-2028 Requested New/Expanded	FY2027-2028 Requested Realignment
Total:	**—**	**—**	**—**	**—**	**—**



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Total Request Summary

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustments	FY2027-2028 Requested in Technical/Other Adjustments	FY2027-2028 Requested New or Expanded Adjustments	FY2027-2028 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	9,333,445	9,644,656	(26,284)	—	—	9,618,372	(26,284)
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	4,663,343	6,247,244	—	—	—	6,247,244	—
FEES & SELF-GENERATED	655,756	1,000,000	—	—	—	1,000,000	—
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$14,652,544**	**$16,891,900**	**$(26,284)**	**—**	**—**	**$16,865,616**	**$(26,284)**

Statutory Dedications

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustments	FY2027-2028 Requested in Technical/Other Adjustments	FY2027-2028 Requested New or Expanded Adjustments	FY2027-2028 Total Request	Over/Under EOB
Total:	—	—	—	—	—	—	—

Expenditures and Positions

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustments	FY2027-2028 Requested in Technical/Other Adjustments	FY2027-2028 Requested New or Expanded Adjustments	FY2027-2028 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	410	—	—	—	—	—	—
Operating Services	2,134	—	—	—	—	—	—
Supplies	3,097	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**$5,641**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	14,346,988	16,544,553	(26,284)	—	—	16,518,269	(26,284)
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	299,915	347,347	—	—	—	347,347	—
TOTAL OTHER CHARGES	**$14,646,903**	**$16,891,900**	**$(26,284)**	**—**	**—**	**$16,865,616**	**$(26,284)**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$14,652,544**	**$16,891,900**	**$(26,284)**	**—**	**—**	**$16,865,616**	**$(26,284)**
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**91**	**91**	**1**	**—**	**—**	**92**	**1**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**

PROGRAM SUMMARY STATEMENT

3771 - Northwest Louisiana Human Services Distr

Means of Financing

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustments	FY2027-2028 Requested in Technical/Other Adjustments	FY2027-2028 Requested New or Expanded Adjustments	FY2027-2028 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	9,333,445	9,644,656	(26,284)	—	—	9,618,372	(26,284)
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	4,663,343	6,247,244	—	—	—	6,247,244	—
FEES & SELF-GENERATED	655,756	1,000,000	—	—	—	1,000,000	—
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—	—	—
TOTAL MEANS OF FINANCING	**$14,652,544**	**$16,891,900**	**$(26,284)**	**—**	**—**	**$16,865,616**	**$(26,284)**

Expenditures and Positions

Description	FY2025-2026 Actuals	Existing Operating Budget as of 10/01/2026	FY2027-2028 Requested Continuation Adjustments	FY2027-2028 Requested in Technical/Other Adjustments	FY2027-2028 Requested New or Expanded Adjustments	FY2027-2028 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Travel	410	—	—	—	—	—	—
Operating Services	2,134	—	—	—	—	—	—
Supplies	3,097	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	**$5,641**	**—**	**—**	**—**	**—**	**—**	**—**
PROFESSIONAL SERVICES	**—**	**—**	**—**	**—**	**—**	**—**	**—**
Other Charges	14,346,988	16,544,553	(26,284)	—	—	16,518,269	(26,284)
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	299,915	347,347	—	—	—	347,347	—
TOTAL OTHER CHARGES	**$14,646,903**	**$16,891,900**	**$(26,284)**	**—**	**—**	**$16,865,616**	**$(26,284)**
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL EXPENDITURES	**$14,652,544**	**$16,891,900**	**$(26,284)**	**—**	**—**	**$16,865,616**	**$(26,284)**
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**91**	**91**	**1**	**—**	**—**	**92**	**1**
TOTAL NON-T.O. FTE POSITIONS	**—**	**—**	**—**	**—**	**—**	**—**	**—**

Addenda

Department: 09A - LDH

Agency: 377 NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT

STATE OF LOUISIANA

Childrens Budget

Department Summary

CHILD - DS

Fiscal Year 2027 - 2028

Report Date: 10/31/26

Service Number	Service Name	Agency Number	Agency Name	General Fund	IAT	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
NWLHSD01	Children's Services	377	Northwest Louisiana Human Services District	$366,176	$784,692	$39,220	$0	$0	$1,190,088	3
			Total:	**$366,176**	**$784,692**	**$39,220**	**$0**	**$0**	**$1,190,088**	**3**

Department: 09A - LDH
Agency: 377 NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT

STATE OF LOUISIANA
Childrens Budget by Department

CHILD - DC
Fiscal Year 2027 - 2028
Report Date: 10/31/26

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	$274,859	$366,176	$0	$366,176	$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	$784,692	$784,692	$0	$784,692	$0
FEES & SELF-GENERATED	$39,220	$39,220	$0	$39,220	$0
STATUTORY DEDICATIONS	$0	$0	$0	$0	$0
FEDERAL FUNDS	$0	$0	$0	$0	$0
TOTAL MEANS OF FINANCING	**$1,098,771**	**$1,190,088**	**$0**	**$1,190,088**	**$0**
Salaries	$0	$0	$0	$0	$0
Other Compensation	$0	$0	$0	$0	$0
Related Benefits	$0	$0	$0	$0	$0
TOTAL PERSONAL SERVICES	**$0**	**$0**	**$0**	**$0**	**$0**
Travel	$0	$0	$0	$0	$0
Operating Services	$0	$0	$0	$0	$0
Supplies	$0	$0	$0	$0	$0
TOTAL OPERATING EXPENSES	**$0**	**$0**	**$0**	**$0**	**$0**
PROFESSIONAL SERVICES	**$0**	**$0**	**$0**	**$0**	**$0**
Other Charges	$1,098,771	$1,190,088	$0	$1,190,088	$0
Debt Service	$0	$0	$0	$0	$0
Interagency Transfers	$0	$0	$0	$0	$0
TOTAL OTHER CHARGES	**$1,098,771**	**$1,190,088**	**$0**	**$1,190,088**	**$0**
Acquisitions	$0	$0	$0	$0	$0
Major Repairs	$0	$0	$0	$0	$0
TOTAL ACQ. & MAJOR REPAIRS	**$0**	**$0**	**$0**	**$0**	**$0**

Department: 09A - LDH
Agency: 377 NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT

STATE OF LOUISIANA
Childrens Budget by Department

CHILD - DC
Fiscal Year 2027 - 2028
Report Date: 10/31/26

TOTAL EXPENDITURES	**$1,098,771**	**$1,190,088**	**$0**	**$1,190,088**	**$0**
Classified	0	0	0	0	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	**0**	**0**	**0**	**0**	**0**
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	**3**	**3**	**0**	**3**	**0**
TOTAL NON-T.O. FTE POSITIONS	**0**	**0**	**0**	**0**	**0**
TOTAL POSITIONS	**3**	**3**	**0**	**3**	**0**

377 - Northwest Louisiana Human Services District

Service Number	Service Name	Program Number	Program Name	General Fund	IAT	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
NWLHSD01	Children's Services	3771	Northwest Louisiana Human Services Distr	$366,176	$784,692	$39,220	$0	$0	$1,190,088	3
			Total:	**$366,176**	**$784,692**	**$39,220**	**$0**	**$0**	**$1,190,088**	**3**

377 - Northwest Louisiana Human Services District

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	$274,859	$366,176	$0	$366,176	$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	$784,692	$784,692	$0	$784,692	$0
FEES & SELF-GENERATED	$39,220	$39,220	$0	$39,220	$0
STATUTORY DEDICATIONS	$0	$0	$0	$0	$0
FEDERAL FUNDS	$0	$0	$0	$0	$0
TOTAL MEANS OF FINANCING	**$1,098,771**	**$1,190,088**	**$0**	**$1,190,088**	**$0**
Salaries	$0	$0	$0	$0	$0
Other Compensation	$0	$0	$0	$0	$0
Related Benefits	$0	$0	$0	$0	$0
TOTAL PERSONAL SERVICES	**$0**	**$0**	**$0**	**$0**	**$0**
Travel	$0	$0	$0	$0	$0
Operating Services	$0	$0	$0	$0	$0
Supplies	$0	$0	$0	$0	$0
TOTAL OPERATING EXPENSES	**$0**	**$0**	**$0**	**$0**	**$0**
PROFESSIONAL SERVICES	**$0**	**$0**	**$0**	**$0**	**$0**
Other Charges	$1,098,771	$1,190,088	$0	$1,190,088	$0
Debt Service	$0	$0	$0	$0	$0
Interagency Transfers	$0	$0	$0	$0	$0
TOTAL OTHER CHARGES	**$1,098,771**	**$1,190,088**	**$0**	**$1,190,088**	**$0**
Acquisitions	$0	$0	$0	$0	$0
Major Repairs	$0	$0	$0	$0	$0

Department: 09A - LDH
Agency: 377 NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT

STATE OF LOUISIANA
Childrens Budget by Agency

CHILD - AC
Fiscal Year 2027 - 2028
Report Date: 10/31/26

TOTAL ACQ. & MAJOR REPAIRS	**$0**	**$0**	**$0**	**$0**	**$0**
TOTAL EXPENDITURES	**$1,098,771**	**$1,190,088**	**$0**	**$1,190,088**	**$0**
Classified	**0**	**0**	**0**	**0**	**0**
Unclassified	**0**	**0**	**0**	**0**	**0**
TOTAL AUTHORIZED T.O. POSITIONS	**0**	**0**	**0**	**0**	**0**
TOTAL AUTHORIZED OTHER CHARGES POSITION	**3**	**3**	**0**	**3**	**0**
TOTAL NON-T.O. FTE POSITIONS	**0**	**0**	**0**	**0**	**0**
TOTAL POSITIONS	**3**	**3**	**0**	**3**	**0**

377 - Northwest Louisiana Human Services District

3771 - Northwest Louisiana Human Services District

NWLHSD01 - Children's Services

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	$274,859	$366,176	$0	$366,176	$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	$784,692	$784,692	$0	$784,692	$0
FEES & SELF-GENERATED	$39,220	$39,220	$0	$39,220	$0
STATUTORY DEDICATIONS	$0	$0	$0	$0	$0
FEDERAL FUNDS	$0	$0	$0	$0	$0
TOTAL MEANS OF FINANCING	**$1,098,771**	**$1,190,088**	**$0**	**$1,190,088**	**$0**
Salaries	$0	$0	$0	$0	$0
Other Compensation	$0	$0	$0	$0	$0
Related Benefits	$0	$0	$0	$0	$0
TOTAL PERSONAL SERVICES	**$0**	**$0**	**$0**	**$0**	**$0**
Travel	$0	$0	$0	$0	$0
Operating Services	$0	$0	$0	$0	$0
Supplies	$0	$0	$0	$0	$0
TOTAL OPERATING EXPENSES	**$0**	**$0**	**$0**	**$0**	**$0**
PROFESSIONAL SERVICES	**$0**	**$0**	**$0**	**$0**	**$0**
Other Charges	$1,098,771	$1,190,088	$0	$1,190,088	$0
Debt Service	$0	$0	$0	$0	$0
Interagency Transfers	$0	$0	$0	$0	$0
TOTAL OTHER CHARGES	**$1,098,771**	**$1,190,088**	**$0**	**$1,190,088**	**$0**

Acquisitions	$0	$0	$0	$0	$0
Major Repairs	$0	$0	$0	$0	$0
TOTAL ACQ. & MAJOR REPAIRS	**$0**	**$0**	**$0**	**$0**	**$0**
TOTAL EXPENDITURES	**$1,098,771**	**$1,190,088**	**$0**	**$1,190,088**	**$0**
Classified	**0**	**0**	**0**	**0**	**0**
Unclassified	**0**	**0**	**0**	**0**	**0**
TOTAL AUTHORIZED T.O. POSITIONS	**0**	**0**	**0**	**0**	**0**
TOTAL AUTHORIZED OTHER CHARGES POSITION	**3**	**3**	**0**	**3**	**0**
TOTAL NON-T.O. FTE POSITIONS	**0**	**0**	**0**	**0**	**0**
TOTAL POSITIONS	**3**	**3**	**0**	**3**	**0**

STATE OF LOUISIANA
Childrens Budget
Narrative

Form ID:	58116
Form Description:	Children's Budget
Service:	NWLHSD01 - Children's Services

Question and Narrative Response
Describe the service:
This program manages community-based addictive disorders, developmental disability, mental health and certain public health functions for children in the parishes of Bienville, Bossier, Caddo, Claiborne, Desoto, Natchitoches, Red River, Sabine and Webster.
How does this fulfill the program's mission?
The mission of Northwest Louisiana Human Services District is to increase public awareness of and to provide access for individuals with mental health and substance use disorders to integrated community-based services while promoting wellness, recovery, and independence through education and the choice of a broad range of programmatic and community resources. The program ensures access to quality wellness and recovery oriented mental health, substance use and prevention services for children and adolescents in the NLHSD service area.
Who are the principal users?
The primary users of this service are children and adolescents between the ages of 0 and 17 who reside in the nine parish areas of the Northwest Louisiana Human Services District.
Who primarily benefits from the service?
Community of users requiring behavioral health services and assistance residing in the nine parish areas of Northwest Louisiana Human Services District.
Related objectives and performance measures:
To ensure access to quality wellness and recovery oriented mental health, substance use and prevention services for children and adolescents in the NLHSD service area through use of strong partnership with providers and use of best practices.

GENERAL ADDENDA

INTERAGENCY AGREEMENT

BR-19B
(08/26)

Interagency Agreement Between LDH - Northwest Louisiana Human Services District #09-377 (Recipient Agency and #) and LDH - Office of Behavioral Health #09-330 (Sending Agency and #)

For Fiscal Year 2027 - 2028, LDH - Northwest Louisiana Human Services Authority #09-377 (Agency Name and #) is budgeted to receive the following revenue

from LDH - Office of Behavioral Health #09-330 (Agency Name and #) by Interagency Transfer for the following reason(s):

The reason for the Interagency Agreement is :

	Amount
Behavioral Health and Wellness Fund	$602,950
Compulsive and Problem Gaming Fund - Treatment	$821,368
Compulsive and Problem Gaming Fund - Prevention	$22,000
State Opioid Response 4.0 (LaSOR 4.0) - Fed CFDA # 93.788	$96,786
Substance Abuse Prev & Treat Block Grant (SAPT) - Fed CFDA # 93.959	$2,060,310
Temporary Assistance for Needy Families (TANF) - SGF	$242,725
Tobacco Tax Health Care Fund	$87,257
Total Addictive Disorders	**$3,933,396**
Mental Health Block Grant (MHBG) - Federal CFDA # 93.958	$512,000
Projects for Assistance in Transition from Homelessness (PATH) - Federal CFDA # 93.150	$87,246
Total Mental Health	**$599,246**
Total	**$4,532,642**

Chassity Kelly Digitally signed by Chassity Kelly Date: 2026.10.22 12:06:23 -05'00' — October 22, 2026

Recipient Agency Fiscal Officer — Date

Sending Agency Fiscal Officer — 10/22/2026 — Date

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH-Northwest Louisiana Human Services District (NWLHSD) 09-377 (Recipient Agency and #) and LDH-Medical Vendor Administration (MVA)/09-305 (Sending Agency and #)

Fiscal Year: 2027-2028 LDH-Northwest Louisiana Human Services District (NWLHSD) 09-377 (Agency Name and #) is budgeted to receive the following revenue $45,000

from LDH-Medical Vendor Administration (09-305) by Interagency Transfer for the following reason(s): (Sending Agency Name and #) by Interagency Transfer for the following reaso

The reason for the Interagency Agreement is: Act 421 of the 2019 Regular Legislative Session provides for the TEFRA option within the Louisiana Medicaid program, through which children with disabilities can access Medicaid-funded services regardless of their parents' income. Based on the services provided, LDH-MVA Act 421-TEFRA will reimburse NWLHSD for all Act-related services provided monthly.

Recipient Agency Fiscal Officer — Date 10/14/2026

Sending Agency Fiscal Officer — Date

NOTE: It is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expenses).

BUDGET REQUEST

Fiscal Year Ending June 30,2028

NAME OF DEPARTMENT / AGENCY: LDH/NLHSD

BUDGET UNIT: 09-377

SCHEDULE NUMBER:

TELEPHONE NUMBER: 318-676-5111

PHYSICAL ADDRESS: 1310 North Hearne Avenue
Shreveport, LA

ZIP CODE: 71107

WEB ADDRESS: NLHSD.org

WE HEREBY CERTIFY THAT THE STATEMENTS AND FIGURES ON THE ACCOMPANYING FORMS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

HEAD OF DEPARTMENT:	**HEAD OF BUDGET UNIT:**
PRINTED NAME/TITLE: Bruce Greenstein, Secretary	**PRINTED NAME/TITLE:** Douglas Efferson, Executive Director
DATE:	**DATE:** 10-23-26
EMAIL ADDRESS: Bruce.Greenstein@la.gov	**EMAIL ADDRESS:** Douglas.Efferson@la.gov
PROGRAM CONTACT PERSON: Gloria A. Stevenson-Lott	**FINANCIAL CONTACT PERSON:** Gloria A. Stevenson-Lott
TITLE: Finance Director	**TITLE:** Finance Director
TELEPHONE NUMBER: 318-676-5102	**TELEPHONE NUMBER:** 318-676-5102
EMAIL ADDRESS: Gloria.Lott@la.gov	**EMAIL ADDRESS:** Gloria.Lott@la.gov



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