

Department of Health and Hospitals



Department Description

The mission of the Department of Health and Hospitals is to develop and provide health and medical services for the prevention of disease for the citizens of Louisiana, particularly those individuals who are indigent and uninsured, persons with mental illness, persons with developmental disabilities and those with addictive disorders.

The goals of the Department of Health and Hospitals are:

- I. To ensure access to medical services, preventive services and rehabilitative and habilitative services for eligible people who are in need of such while respecting budgetary constraints set by the legislature.
- II. To protect the health needs of the people of Louisiana and promote effective health practices.
- III. To ensure that appropriate and quality health care services are provided to the citizens of Louisiana.

For additional information, see:

[Department of Health and Hospitals](#)

Department of Health and Hospitals Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 1,704,216,301	\$ 1,449,390,044	\$ 1,457,000,245	\$ 1,873,789,750	\$ 1,683,884,202	\$ 226,883,957



Department of Health and Hospitals Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
State General Fund by:						
Total Interagency Transfers	483,455,143	639,088,137	641,306,210	478,490,224	510,584,374	(130,721,836)
Fees and Self-generated Revenues	52,281,961	63,392,626	63,410,548	63,602,751	60,428,340	(2,982,208)
Statutory Dedications	275,643,392	304,180,882	348,904,457	346,454,700	588,784,196	239,879,739
Interim Emergency Board	152,833	0	531,167	0	0	(531,167)
Federal Funds	5,364,798,479	5,477,760,288	5,689,819,910	5,217,359,302	4,882,104,493	(807,715,417)
Total Means of Financing	\$ 7,880,548,109	\$ 7,933,811,977	\$ 8,200,972,537	\$ 7,979,696,727	\$ 7,725,785,605	\$ (475,186,932)
Expenditures & Request:						
Jefferson Parish Human Services Authority	\$ 27,228,690	\$ 26,750,508	\$ 26,750,508	\$ 26,541,820	\$ 26,241,506	\$ (509,002)
Florida Parishes Human Services Authority	21,739,066	21,488,879	21,488,879	21,448,300	20,822,644	(666,235)
Capital Area Human Services District	33,674,060	32,468,664	32,468,664	32,139,286	33,035,024	566,360
Developmental Disabilities Council	2,129,229	2,140,261	2,140,261	2,084,249	1,799,037	(341,224)
Metropolitan Human Services District	31,134,913	33,623,959	33,623,959	30,011,277	30,673,172	(2,950,787)
Medical Vendor Administration	186,272,108	251,645,427	252,043,698	270,464,880	261,618,448	9,574,750
Medical Vendor Payments	6,393,401,175	6,287,331,540	6,523,367,496	6,342,977,933	6,151,641,553	(371,725,943)
Office of the Secretary	95,042,397	185,502,066	187,097,418	166,196,939	155,181,359	(31,916,059)
South Central Louisiana Human Services Authority	0	0	0	0	24,854,551	24,854,551
Office of Aging and Adult Services	42,136,465	50,580,595	51,846,851	51,967,315	54,399,985	2,553,134
Louisiana Emergency Response Network Board	3,886,257	3,671,437	3,991,279	3,479,832	3,231,746	(759,533)
Office of Public Health	336,902,936	330,135,779	353,643,957	349,243,425	329,174,864	(24,469,093)
Office of Mental Health (State Office)	326,347,287	315,337,391	315,567,153	289,114,188	284,860,016	(30,707,137)
Office for Citizens w/ Developmental Disabilities	281,070,435	292,668,650	295,944,426	298,963,173	261,700,343	(34,244,083)
Office for Addictive Disorders	99,583,091	100,466,821	100,997,988	95,064,110	86,551,357	(14,446,631)
Total Expenditures & Request	\$ 7,880,548,109	\$ 7,933,811,977	\$ 8,200,972,537	\$ 7,979,696,727	\$ 7,725,785,605	\$ (475,186,932)
Authorized Full-Time Equivalents:						
Classified	11,466	11,148	11,148	10,118	9,210	(1,938)
Unclassified	168	174	174	152	168	(6)
Total FTEs	11,634	11,322	11,322	10,270	9,378	(1,944)



09-300 — Jefferson Parish Human Services Authority



Agency Description

The Mission of Jefferson Parish Human Services Authority is to minimize the existence and disabling effects of mental illness, substance abuse, and developmental disabilities and to maximize opportunities for individuals and families affected by those conditions to achieve a better quality of life and to participate more fully within our community.

The goals of Jefferson Parish Human Services Authority Program are:

- I. To provide comprehensive services and supports which improve the quality of life and community participation for persons in crisis and/or with serious and persistent mental illness, emotional and behavioral disorders, addictive disorders, and/or developmental disabilities, while providing appropriate and best practices to individuals with less severe needs.
- II. To improve personal outcomes through effective implementation of best practices and data-driven decision-making.
- III. To retain an adequate workforce to fulfill the Mission and Priorities of Jefferson Parish Human Services Authority.

Jefferson Parish Human Services Authority (JPHSA) is a Special Parish District established by the Louisiana Legislature in 1989. JPHSA manages and delivers community-based mental health, addictive disorders, and developmental disabilities services and supports to the citizens of Jefferson Parish. A local, volunteer Board of Directors, appointed by the Governor of Louisiana and the Jefferson Parish Council, oversees the Agency and helps ensure its comprehensive and supportive role with individuals seeking and receiving services as well as their family members. An executive director, with the support of a medical director and executive team, provides day-to-day leadership and administration, strategic planning, and operational management. In carrying out its Mission, JPHSA embraces a philosophy that is person-centered and recovery-focused. The Agency is a learning organization that highly regards innovation, embraces meaningful change, and values positive outcomes.

The Jefferson Parish Human Services Authority has one program: Jefferson Parish Human Services Authority.

For additional information, see:

[Jefferson Parish Human Services Authority](#)

Jefferson Parish Human Services Authority Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 21,986,867	\$ 21,020,994	\$ 21,020,994	\$ 20,778,124	\$ 20,579,177	\$ (441,817)
State General Fund by:						
Total Interagency Transfers	4,575,823	5,729,514	5,729,514	5,763,696	5,662,329	(67,185)
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	666,000	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 27,228,690	\$ 26,750,508	\$ 26,750,508	\$ 26,541,820	\$ 26,241,506	\$ (509,002)
Expenditures & Request:						
Jefferson Parish Human Services Authority	\$ 27,228,690	\$ 26,750,508	\$ 26,750,508	\$ 26,541,820	\$ 26,241,506	\$ (509,002)
Total Expenditures & Request	\$ 27,228,690	\$ 26,750,508	\$ 26,750,508	\$ 26,541,820	\$ 26,241,506	\$ (509,002)
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



300_1000 — Jefferson Parish Human Services Authority

Program Authorization: R.S. 28:771 (c), R.S. 28:831, R.S. 36:254 (e), R.S. 36:258 (f) and related statutes.

Program Description

The mission of Jefferson Parish Human Services Authority (JPHSA) Program is to minimize the existence of mental illness and its disabling effects, substance abuse, and developmental disabilities and to maximize opportunities for individuals and families affected by those conditions to achieve a better quality of life and to participate more fully within our community.

The goals of Jefferson Parish Human Services Authority Program are:

- I. To provide comprehensive services and supports which improve the quality of life and community participation for persons in crisis and/or with serious and persistent mental illness, emotional and behavioral disorders, addictive disorders, and/or developmental disabilities, while providing appropriate and best practices to individuals with less severe needs.
- II. To improve personal outcomes through effective implementation of best practices and data-driven decision-making.
- III. To retain an adequate workforce to fulfill the Mission and Priorities of Jefferson Parish Human Services Authority.

Jefferson Parish Human Services Authority (JPHSA) is a Special Parish District established by the Louisiana Legislature in 1989. JPHSA manages and delivers community-based mental health, addictive disorders, and developmental disabilities services and supports to the citizens of Jefferson Parish. A local, volunteer Board of Directors, appointed by the Governor of Louisiana and the Jefferson Parish Council, oversees the Agency and helps ensure its comprehensive and supportive role with individuals seeking and receiving services as well as their family members. An executive director, with the support of a medical director and executive team, provides day-to-day leadership and administration, strategic planning, and operational management. In carrying out its Mission, JPHSA embraces a philosophy that is person-centered and recovery-focused. The Agency is a learning organization that highly regards innovation, embraces meaningful change, and values positive outcomes.

The Jefferson Parish Human Services Authority program includes the following activities:

- Access/Urgent Behavioral Healthcare Center - JPHSA's Access/Urgent Behavioral Healthcare Center (AUBHC) is a single point of entry that provides walk-in access to routine, urgent and emergency psychiatric services for individuals and families that are experiencing behavioral health or developmental disability crises. It provides an affordable alternative to hospital emergency room presentations, hospital admissions, institutional admissions, and involvement with the local judicial system. Services include triage, psychiatric assessment, crisis intervention and stabilization, service coordination, and referral to community treatment and support resources. AUBHC services are accessible to a network of community entities including the Jefferson Parish Sheriff's Office, Coroner's Office, mobile crisis services, local

emergency rooms, mental health providers, faith-based entities, social service and primary care providers as well as individuals and their families. The AUBHC contributes to long-term community stabilization for individuals through appropriate supports, and links these individuals to basic living needs priorities by providing immediate access to community-based care. The AUBHC intervenes when individuals need access to services and face immediate risk to health, independence and safety.

- **Adult Clinic-based Behavioral Health Services - JPHSA's Adult Clinic-based Behavioral Health Services (ACBHS)** serves individuals age 18+ with Mental Illness and/or an Addictive Disorder. Services are defined by the Level of Care Utilization System (LOCUS) and include assessment, treatment planning, individual & group therapies, care management, psychiatric evaluation, medication management, crisis intervention, referrals for physical healthcare, peer support, and health education. Services are provided within LOCUS levels: recovery maintenance & health management; low-intensity services; and high intensity services. Examples of Evidence Based Practices used by ACBHS are the Matrix Model for intensive outpatient addiction treatment; Living in Balance for persons in pre-contemplative/contemplative stages during addiction treatment; Motivational Enhancement Therapy; Illness Management & Recovery; Cognitive Behavioral Therapy; and, Dialectical Behavioral Therapy. Wellness Recovery Action Planning, a peer-based program, helps individuals develop personal plans for managing wellness. ACBHS helps individuals obtain low cost/free medication and the Prescription Assistance Program coordinates with pharmaceutical companies to obtain medication assistance.
- **Adult Community-based Behavioral Health Services - JPHSA's Adult Community-based Behavioral Health Services (ACBHS)** provides evidence based alternatives to hospitalization and ensures clients have the opportunity to more fully function independently and productively in community settings. Services are provided through private contractors to individuals with severe Mental Illness and/or Addictive Disorders and include: residential treatment, detoxification & faith-based treatment, Assertive Community Treatment (ACT), hospital diversion programs, a mobile crisis team, housing supports, and employment services. These services enable clients to live more independent and productive lives in safe environments while fostering the development of personal responsibility. ACBHS provides an affordable alternative to more restrictive hospital, institution, or justice system environments. In FY 2010-2011, ACBHS's goal will be to initiate a primary care/behavioral health collaboration with community primary care partners to improve physical health.
- **Child and Youth Clinic-based Behavioral Health Services - JPHSA's Child and Youth Clinic-based Behavioral Health Services (CYCBHS)** provide a continuum of best and evidence based practices to minimize the disabling effects of Mental Illness and/or Addictive Disorders. Co-occurring disorders treatment is provided to youth with both mental health and substance abuse disorders. Early childhood (birth - 5) interventions address social, emotional and developmental difficulties. CYCBHS include screening, assessment, individual and/or family counseling, group counseling, psychiatric evaluation & medication management, psychological evaluation & testing, and crisis intervention & stabilization. The Child/Adolescent Level Of Care Utilization System (CALOCUS) prevents over or under utilization of services; clinic based services are consistent with CALOCUS levels of care: maintenance, outpatient care, and intensive outpatient care. As the level of care increases, so does the intensity and availability of services. Evidence-based prevention and early intervention programs, such as the Strengthening Families Program and Positive Action, are also provided by CYCBHS. Resources are shared between clinic and community based services to assure the unique needs of each individual are met.
- **Child and Youth Community-based Behavioral Health Services - JPHSA's Child and Youth Community-based Behavioral Health Services (CYCBHS)** provide a continuum of best and evidence based practices to minimize the disabling effects of Mental Illness and/or Addictive Disorders. Co-occurring disorders treatment is provided to those with both mental health and substance abuse disorders. CYCBHS includes prevention, early intervention, assessment, individual and/or family counseling, crisis intervention &

stabilization, crisis & recreational respite, early childhood services, school-based services, and home-based services. Community-based services are offered at all levels of the Child/Adolescent Level Of Care Utilization System (CALOCUS). Evidence Based Practices (Lifeskills Training, Strengthening Families, Communities Mobilizing for Change on Alcohol, Functional Family Therapy, Cognitive Behavioral Therapy, etc.) are used. Children's community support offers outreach and wrap-around services for at-risk youth; and, Interagency Service Coordination facilitates collaboration of multiple child-serving agencies to create a comprehensive treatment approach for youth at risk of hospitalization or out-of-home placement. Resources are shared between clinic and community based services to meet the unique needs of each individual.

- **Developmental Disabilities Community-based Services - JPHSA's Developmental Disabilities Community-based Services (DDCS)** provides services/supports from birth through lifespan to individuals who meet state eligibility criteria. DDCS includes: respite care, personal companions, family support, cash subsidy, psychological services, 24/7 crisis team, supported living, school transition planning, employment/vocational services, Home of My Own program, and service coordination. DDCS uses person/family-centered planning to determine priority needs (social support, health, behavioral health, education, daily living, emergency preparedness, vocational, and financial stability) and obtain services to meet needs using personal & community resources. If resources are not sufficient, JPHSA state funded services are allocated using a needs based assessment and priority determination of need level. Upon funding approval, DDCS assists individuals/families in choice of service arrangements, either receiving funding to purchase the service or choosing a JPHSA approved provider to provide service. DDCS monitors and manages the quality and utilization of services. Interagency collaboration and service planning with school, family advocates, private providers, and local/state agencies maximize service efficiencies and cost effectiveness.
- **Administration - JPHSA's Administration** is responsible for effectively and efficiently managing the operations of community behavioral health and developmental disabilities services and supports accessed through a single point of entry for individuals and families residing in Jefferson Parish. Administration proficiently leads, directs and monitors activities through the use of technology, best practices, and program analysis. Administration's ability to recruit, train, and retain a qualified workforce; to budget and effectively manage fiscal resources; to facilitate use of a leading-edge electronic health record and a cost-effective automated accounting system; to undertake ongoing performance and continuous quality improvement processes; to adhere to the Accountable Care Model, endorsed by the National Council for Community Behavioral Healthcare; to increase service quality and capacity; to develop and implement organizational policies/procedures that help ensure efficiency and innovation as well as the continued delivery of community and clinic-based services; to leverage federal and parish funding to enhance and expand service delivery; and, to execute an established roadmap for accreditation by a nationally recognized program are all critical functions.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$1,480,739	\$1,580,739	0	Access/Urgent Behavioral Healthcare Center - Provides accessible community based emergent psychiatric assessments and evaluations. Aims at preventing or significantly reducing hospital emergency room presentations and/or admissions.
\$4,699,148	\$5,876,016	0	Adult Clinical Behavioral Health Services - Adult Clinical Behavioral Health Services are critical community based services that provide and alternative to more restrictive hospitalization and/or institutionalization.



Summary of Activities (Continued)

General Fund	Total Amount	Table of Organization	Description
\$7,158,385	\$10,087,661	0	Adult Community Behavioral Health Services - Adult Community Behavioral Health Services provide evidence based alternatives to hospitalization and ensures that clients have the opportunity to more fully function independently and productively in community settings.
\$2,344,005	\$3,193,624	0	Child and Youth Clinic-Based Services - Include screening, assessment, individual/family counseling, and crisis intervention services. Services are inclusive of both mental health and addictive disorders.
\$1,570,780	\$1,886,910	0	Child and Youth Community-Based Services - Provides services that seek to minimize the disabling affects of behavioral health, enhance community based services, reduce the utilization of hospitals/institution.
\$2,702,078	\$2,992,514	0	Developmental Disabilities Community Services - Provide services from birth to life of eligible individuals to promote their independence, participation, productivity, and quality of life in the community.
\$624,042	\$624,042	0	Administration - Manages the operations of community behavioral health and developmental disabilities services and supports.
		226	NON T.O. FTE Ceiling Recommended for FY 2010-2011
\$20,579,177	\$26,241,506	226	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Jefferson Parish Human Services Authority Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 21,986,867	\$ 21,020,994	\$ 21,020,994	\$ 20,778,124	\$ 20,579,177	\$ (441,817)
State General Fund by:						
Total Interagency Transfers	4,575,823	5,729,514	5,729,514	5,763,696	5,662,329	(67,185)
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	666,000	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 27,228,690	\$ 26,750,508	\$ 26,750,508	\$ 26,541,820	\$ 26,241,506	\$ (509,002)
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	27,228,690	26,750,508	26,750,508	26,541,820	26,241,506	(509,002)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0



Jefferson Parish Human Services Authority Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Expenditures & Request	\$ 27,228,690	\$ 26,750,508	\$ 26,750,508	\$ 26,541,820	\$ 26,241,506	\$ (509,002)
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

This program is funded with State General Fund, Interagency Transfers, and Statutory Dedication. The Interagency Transfers are from the Office for Developmental Disabilities, Office of Mental Health, Medical Vendor Payment - Title XIX, Office of the Secretary, and the Office for Addictive Disorders. The Statutory Dedication listed is from the Overcollections Fund. (Per R.S. 39:36B. (8), see table below for a listing of expenditures out of each Statutory Dedication Fund.)

Jefferson Parish Human Services Authority Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Overcollections Fund	666,000	0	0	0	0	0

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 21,020,994	\$ 26,750,508	0	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
382,135	382,135	0	State Employee Retirement Rate Adjustment
11,401	11,401	0	Teacher Retirement Rate Adjustment
(224,178)	(224,178)	0	Attrition Adjustment
(47,776)	(47,776)	0	Risk Management
(211)	(211)	0	UPS Fees
(2,276)	(2,276)	0	Civil Service Fees
(1,310)	(1,310)	0	CPTP Fees
Non-Statewide Major Financial Changes:			



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
(1,322,102)	(1,322,102)	0	Annualization of Executive Order BJ 09-21FY10 mid-year budget reductions to various contracts for services provided by Adult Clinical/Community Behavioral Health programs, Child & Youth Community Based program, Developmental Disabilities program as well as reductions to pharmaceuticals, operating services.
(300,000)	(300,000)	0	Non-recurs HB881 Supplemental Funding from the 2009 Regular Legislative Session.
0	(46,600)	0	Reflects decrease in Interagency Transfers funding from the Office of Citizens with Developmental Disabilities
0	80,282	0	Increases the Interagency Transfer funding from the Office of Mental Health for the Mental Health Block Grant fund.
1,062,500	1,062,500	0	Funding provided as an investment into additional community-based mental health services, including Assertive Community Teams/Forensic Assertive Community Teams and an Intensive Care Management System.
0	(100,867)	0	Reduction in Substance Abuse Prevention and Treatment (SAPT) block grant funding from the Office for Addictive Disorders.
\$ 20,579,177	\$ 26,241,506	0	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 20,579,177	\$ 26,241,506	0	Base Executive Budget FY 2010-2011
\$ 20,579,177	\$ 26,241,506	0	Grand Total Recommended

Professional Services

Amount	Description
	This program does not have funding for Professional Services for Fiscal Year 2010-2011.

Other Charges

Amount	Description
	Other Charges:
\$15,373,713	Salaries and related benefits for Non T.O. FTE positions
\$3,592,931	Other Charges - Operating Services: These funds will be utilized for travel, operating services, supplies, and pharmaceuticals for behavioral health and developmental disabilities services.
\$7,113,000	Other Charges - Contractual Services: Mental health, addictive disorders, and developmental disabilities contractual services which include contracts for Assertive Community Treatment, Mobile Crisis, Transitional Care Center, Individual and Family Support, Respite, Supported Living, Vocational services, etc.
\$7,868	Payments to the Division of Administration - Uniform Payroll Services
\$153,994	Payments to the Division of Administration - Office of Risk Management
\$26,241,506	SUB-TOTAL OTHER CHARGES



Other Charges (Continued)

Amount	Description
	Interagency Transfers:
	This program does not have funding for Interagency Transfers for Fiscal Year 2010-2011.
\$26,241,506	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.

Performance Information

- 1. (KEY) By June 30, 2011, through the Access/Behavioral Healthcare Center serving as a single point of entry, JPHSA will provide access to Behavioral Health and Developmental Disabilities, and ensure that services will increase by 10% with FY 2009-2010 used as the baseline measure, thereby preventing emergency room presentations, hospitalizations, and/or incarceration.**

State Outcome Goals Link: 7 - Better Health. Through a reorganization of services, the Access/Urgent Behavioral Healthcare Center will provide ready access to urgent/emergent behavioral health and developmental disabilities psychiatric assessment and crisis stabilization for those who face immediate risk to health, independence and safety.

Children's Budget Link: JPHSA services for children, under the umbrella of these objectives, are related to the health policy enunciated in the Children's Budget Link, i.e. all Louisiana children will have access to comprehensive healthcare services, and are linked via the Agency's budget.

Human Resource Policies Beneficial to Women and Families Link: JPHSA has an array of agency-wide Human Resources policies that support and assist female employees and their families. All policies are reviewed on no less than a biannual basis. Policies are updated and amended as needed to remain in compliance with federal, state, and local laws/rules as well as with agency philosophy and standards recommended by the Council on Accreditation (COA).

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): The President's New Freedom Commission on Mental Health; The Association of Persons with Handicaps (TASH); The American Association on Intellectual and Developmental Disabilities (AAIDD); Health People 2010; Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Substance Abuse and Mental Health Services Administration's National Outcomes Measures for Co-occurring Disorders State Partnership; Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT); Healthcare Redesign in Louisiana; and, Act 555: Parish Children and Youth Services Planning Boards Act.

Explanatory Note: The Access/Urgent Behavioral Healthcare Center reflects a reorganization of existing services within JPHSA's single point of entry.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		K	Percent increase in community access to mental health, addictive disorders, and/or developmental disabilities services (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available

This is a new Performance Indicator. JPHSA initiated internal data collection for this Key Performance Indicator in FY 2009-2010. Data was neither collected nor reported in FY2008-2009. Baseline data is being collected during FY 2009-2010. The Performance Standard set for FY2009-2010 is set at 0% as this is the baseline measure.

The Performance Standard provided is an estimate of the percentage of increase in the number of individuals seen in the Access/Urgent Behavioral Healthcare Center over the previous Fiscal Year based on a continuation budget level and existing hours of operation and staffing.

2. (KEY) By June 30, 2011, through the Adult Clinic-based Behavioral Health Services activity, JPHSA will promote independence, foster recovery, enhance employment and productivity, facilitate personal responsibility, and will ensure that at least 50% of adults with depression will report a reduction in symptoms.

State Outcome Goals Link: 7 - Better Health. Individuals are provided with inter- and outer-agency coordinated care through collaborations that aid in the provision of Behavior Health services. An array of evidence-based practices are provided in a person-centered and recovery-oriented environment. Post-hospitalized individuals care is facilitated by a Transitional Care Team; and, a clinician-driven follow up procedure is in place to address individuals who miss appointments with emphasis on re-engagement.

Children's Budget Link: This activity serves the adult population, i.e. individuals 18 of age and over. However, JPHSA services for children, under the umbrella of these objectives, are related to the health policy enunciated in the Children's Budget Link, i.e. all Louisiana children will have access to comprehensive healthcare services, and are linked via the agency's budget.

Human Resource Policies Beneficial to Women and Families Link: JPHSA has an array of agency-wide Human Resources policies that support and assist female employees and their families. All policies are reviewed on no less than a biannual basis. Policies are updated and amended as needed to remain in compliance with federal, state, and local laws/rules as well as with agency philosophy and standards recommended by the Council on Accreditation (COA).

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): The President's New Freedom Commission on Mental Health; The Association of Persons with Handicaps (TASH); Health People 2010; Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Substance Abuse and Mental Health Services Administration's National Outcomes Measures for Co-occurring Disorders State Partnership; Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT); and Healthcare Redesign in Louisiana.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of adults with an addictive disorder who successfully completed treatment (LAPAS CODE - 21410)	30%	60%	30%	30%	50%	50%
<p>This is a National Outcome Measure (NOM) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The predictor of "successful completion" is the continuation of treatment for 90 days or more in the outpatient adult program without a break in service.</p>							
K	Percentage of adults with mental illness employed in community-based employment (LAPAS CODE - 22307)	8%	23%	25%	25%	25%	25%
K	Percent of adults with depression who report they feel better/are less depressed (LAPAS CODE - New)	Not Available	Not Available	Not Available	50%	50%	50%
<p>This is a new Performance Indicator. Data were not reported in FY 2008-2009. JPHSA will initiate internal data collection in FY 2009-2010. Baseline data are being collected during FY 2009-2010. The Performance Standard provided is an estimate. The Performance Standard provided is an estimate.</p>							
K	Percent of adults with an addictive disorder who report improvement in family/social relationships (LAPAS CODE - New)	Not Available	Not Available	Not Available	40%	40%	40%
<p>This is a new Performance Indicator. Data were not reported in FY 2008-2009. JPHSA will initiate internal data collection in FY 2009-2010. Baseline data are being collected during FY 2009-2010. The Performance Standard provided is an estimate. The Performance Standard provided is an estimate.</p>							
K	Number of adults with Mental Illness served in Adult Clinic-based Behavioral Health Services (LAPAS CODE - New)	Not Available	Not Available	Not Available	5,250	5,500	5,500
<p>This is a new Performance Indicator. Data were not reported in FY 2008-2009. JPHSA will initiate internal data collection in FY 2009-2010. Baseline data are being collected during FY 2009-2010. The Performance Standard provided is an estimate. The Performance Standard provided is an estimate.</p>							



3. (KEY) By June 30, 2011, through the Adult Community-based Behavioral Health Services activity, JPHSA will provide evidence-based practices to decrease utilization of hospital/institutional settings while promoting independence, fostering recovery, enhancing productivity, facilitating personal responsibility, and improving quality of life, and ensure that at least 90% of individuals receiving Assertive Community Treatment (ACT) remaining housed for at least seven months as well as ensuring that at least 90% of individuals receiving ACT will remain in the community without hospitalization.

State Outcome Goals Link: 7 - Better Health. JPHSA works with area hospitals to decrease behavioral health admissions by increasing the range and scope of community-based services. Further collaboration is facilitated via an active role in the Jefferson Parish Mental Health Task Force, resulting in the provision of a cost efficient and effective array of community-based services that focus on recovery and stabilization of individuals served.

Children's Budget Link: This activity serves the adult population, i.e. individuals 18 of age and over. However, JPHSA services for children, under the umbrella of these objectives, are related to the health policy enunciated in the Children's Budget Link, i.e. all Louisiana children will have access to comprehensive healthcare services, and are linked via the agency's budget.

Human Resource Policies Beneficial to Women and Families Link: JPHSA has an array of agency-wide Human Resources policies that support and assist female employees and their families. All policies are reviewed on no less than a biannual basis. Policies are updated and amended as needed to remain in compliance with federal, state, and local laws/rules as well as with agency philosophy and standards recommended by the Council on Accreditation (COA).

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): The President's New Freedom Commission on Mental Health; The Association of Persons with Handicaps (TASH); Health People 2010; Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Substance Abuse and Mental Health Services Administration's National Outcomes Measures for Co-occurring Disorders State Partnership; Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT) and Healthcare Redesign in Louisiana.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of individuals admitted to social detox that complete the program (LAPAS CODE - 11901)	95%	90%	95%	95%	95%	95%
K	Percentage of adults receiving Assertive Community Treatment (ACT) services who remained in the community without hospitalization (LAPAS CODE - 22932)	Not Available	87%	80%	80%	90%	90%
This was a new internal Performance Indicator for FY 2008-2009. Data was collected but not reported into LaPAS, and no standard was set for the baseline year.							
K	Percentage of adults receiving Assertive Community Treatment (ACT) services who remained housed for seven months or longer (LAPAS CODE - 22933)	Not Available	88%	80%	80%	90%	90%
This was a new internal Performance Indicator for FY 2008-2009. Data were collected but not reported into LaPAS, and no standard was set for the baseline year.							

4. (KEY) By June 30, 2011, through the Child & Youth Clinic-based Services activity, JPHSA will deliver a continuum of best and evidence-based practices, decreasing the disabling effects of behavioral health illness while assisting individuals to live productive lives in the community, and ensure that at least 80% of youth served display a decrease in mental health symptoms or continued stability.

State Outcome Goals Link: 7 - Better Health. Child & Youth Clinic-based Behavioral Health Services addresses key health factors such as self-care and the reduction of unhealthy behaviors, e.g. substance/tobacco use and risky sexual behavior. Interventions address social environments including family relationships as well as physical environments.

Children's Budget Link: JPHSA services for children, under the umbrella of these objectives, are related to the health policy enunciated in the Children's Budget Link, i.e. all Louisiana children will have access to comprehensive healthcare services, and are linked via the agency's budget.

Human Resource Policies Beneficial to Women and Families Link: JPHSA has an array of agency-wide Human Resources policies that support and assist female employees and their families. All policies are reviewed on no less than a biannual basis. Policies are updated and amended as needed to remain in compliance with federal, state, and local laws/rules as well as with agency philosophy and standards recommended by the Council on Accreditation (COA).



Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): The President's New Freedom Commission on Mental Health; Health People 2010; Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Substance Abuse and Mental Health Services Administration's National Outcomes Measures for Co-occurring Disorders State Partnership; Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT); Healthcare Redesign in Louisiana; and Act 555: Parish Children and Youth Services Planning Boards Act.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		K Percentage of youth whose mental health symptoms improved or remained stable after six months of treatment (LAPAS CODE - 22934)	Not Available	81%	80%	80%	80%
<p>This was a new internal Performance Indicator for FY 2008-2009. Data were collected for Quarter 3 and Quarter 4 but not reported into LaPAS; and, no Standard was set for the baseline year. The statistic provided is based on these two quarters and is used as a baseline.</p>							
K Percentage of youth whose substance abuse decreased or remained stable at completion of treatment (LAPAS CODE - New)	Not Available	Not Available	Not Available	70%	80%	80%	
<p>This is a new Performance Indicator. Data were neither collected nor reported in FY 2008-2009. The Performance Standard provided is an estimate.</p>							
K Number of youth with a Behavioral Health illness served in Child & Youth Clinic-based Behavioral Health Services (LAPAS CODE - New)	Not Available	Not Available	Not Available	2,150	2,250	2,250	

5. (KEY) By June 30, 2011, through the Child & Youth Community-based Behavioral Health Services activity, JPHSA will provide a continuum of best and evidence-based practices to minimize the disabling effects of behavioral health (mental illness and substance abuse) illnesses while assisting individuals served to live productive lives in the community and to reduce their utilization of institutions and the juvenile justice system, and ensure that at least 80% of youth who complete Multisystemic Therapy, are free from arrests and 80% remain in school or are employed.

State Outcome Goals Link: 7 - Better Health. Child & Youth Clinic-based Behavioral Health Services addresses key health factors such as self-care and the reduction of unhealthy behaviors, e.g. substance/tobacco use and risky sexual behavior. Interventions address social environments including family relationships as well as physical environments.



Children's Budget Link: JPHSA services for children under the umbrella of this objective are related to the health policy enunciated in the Children's Budget Link, i.e., all Louisiana children will have access to comprehensive healthcare services and are linked via the Agency budget.

Human Resource Policies Beneficial to Women and Families Link: JPHSA has an array of agency-wide HR policies that support and assist female employees and their families. Policies are updated and amended as needed to remain in compliance with federal, state, and local laws as well as Agency philosophy and standards recommended by the Council on Accreditation (COA).

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): The President's New Freedom Commission on Mental Health; Health People 2010; Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Substance Abuse and Mental Health Services Administration's National Outcomes Measures for Co-occurring Disorders State Partnership; Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT); Healthcare Redesign in Louisiana; and, Act 555: Parish Children and Youth Services Planning Boards Act.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of individuals completing Multi-Systemic Therapy (MST) free from arrests (LAPAS CODE - New)	Not Available	Not Available	Not Available	80%	80%	80%

This is a new Performance Indicator replacing PI 21318: percentage of individuals completing MST free from arrests AND living at home AND attending school/job (S). A single variable will be tracked with this new measure, allowing more precise analysis and process improvement efforts. JPHSA initiated internal data collection for this Key Performance Indicator in FY 2009-2010. Data was not reported in FY 2008-2009. The Performance Standard provided is an estimate.

K	Percentage of individuals completing Multi-Systemic Therapy (MST) in school or working (LAPAS CODE - New)	Not Available	Not Available	Not Available	80%	80%	80%
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This is a new Performance Indicator replacing PI 21318: percentage of individuals completing MST free from arrests AND living at home AND attending school/job (S). A single variable will be tracked with this new measure, allowing more precise analysis and process improvement efforts. JPHSA initiated internal data collection for this Key Performance Indicator in FY 2009-2010. Data was not reported in FY 2008-2009. The Performance Standard provided is an estimate.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of youth served in the School Therapeutic Enhancement Program (STEP) whose mental health symptoms improved or remained stable after six months of treatment (LAPAS CODE - New)	Not Available	Not Available	Not Available	70%	70%	70%
<p>The "Strengths Difficulties Questionnaire" is used to measure improvement/stability. The Questionnaire is administered upon admission and at six months following treatment. Data was not reported in FY 2008-2009. The Performance Standard provided is an estimate.</p>							
K	Percentage of youth who completed Functional Family Therapy (FFT) to show improvement in behavior problems (LAPAS CODE - New)	Not Available	Not Available	Not Available	70%	70%	70%
<p>FFT, an evidence based practice, is an intensive in-home therapy program. The behavioral composite of the "Behavior Assessment System for Children/Youth" is used to measure improvement. Data was not reported in FY 2008-2009. The Performance Standard provided is an estimate.</p>							

6. (KEY) By June 30, 2011, through the Developmental Disabilities Community Services activity, JPHSA will promote independence, participation, employment and productivity, personal responsibility, and quality of life in the community, thus preventing institutionalization and ensuring that at least 95% of individuals and families receiving family and support services remain in their communities.

State Outcome Goals Link: 7 - Better Health. Jefferson Parish Human Services Authority provides a single point of entry for Jefferson Parish citizens with developmental disabilities (estimated developmental disabilities population of 4,500 individuals), providing ease of access to needed services, which are person-centered and planned for outcomes of independence, recovery, maintenance of community life, and prevention of institutionalization and hospitalization. Developmental disabilities services provide a safety net for individuals and for their families.

Children's Budget Link: JPHSA services for children, under the umbrella of these objectives, are related to the health policy enunciated in the Children's Budget Link, i.e. all Louisiana children will have access to comprehensive healthcare services, and are linked via the agency's budget.

Human Resource Policies Beneficial to Women and Families Link: JPHSA has an array of agency-wide Human Resources policies that support and assist female employees and their families. All policies are reviewed on no less than a biannual basis. Policies are updated and amended as needed to remain in compliance with federal, state, and local laws/rules as well as with agency philosophy and standards recommended by the Council on Accreditation (COA).



Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): The President's New Freedom Commission on Mental Health; The Association of Persons with Handicaps (TASH); The American Association on Intellectual and Developmental Disabilities (AAIDD); Health People 2010; Health-care Redesign in Louisiana; and Act 555: Parish Children and Youth Services Planning Boards Act.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of Cash Subsidy recipients who remain in the community vs. institution (LAPAS CODE - 22935)	Not Available	99%	95%	95%	97%	97%
This was a new internal Performance Indicator for FY 2008-2009. Data were collected but not reported into LaPAS, and no Standard was set for the baseline year.							
K	Percentage of Individual and Family Support recipients who remain in the community vs. institution (LAPAS CODE - 22936)	Not Available	100%	95%	95%	95%	95%
This was a new internal Performance Indicator for FY 2008-2009. Data were collected but not reported into LaPAS, and no Standard was set for the baseline year.							
K	Percentage of persons with a developmental disability employed in community-based employment (LAPAS CODE - 15784)	50%	64%	55%	55%	55%	55%
JPHSA served a larger number of people with severe disabilities and challenging behaviors than was expected. The difficulty in matching individual preferences and individual ability with existing jobs led to performance being below the set standard. However, the national average for community-based employment of persons with developmental disabilities is 40%-50%. JPHSA's performance exceeds the national average.							
K	Number of children with developmental disabilities and their families who were assisted in the development of their Individual Education Plans including Individual Transition Plans (LAPAS CODE - 22312)	50	112	50	50	50	50
K	Number of people (unduplicated) receiving state-funded developmental disabilities community-based services (LAPAS CODE - 15892)	532	601	532	425	425	425



7. (KEY) Through the Administration activity, effectively and efficiently managing Jefferson Parish Human Services Authority and utilizing an Electronic Health Record for data analysis to assure continuous quality improvement of workforce performance inclusive of client engagement and retention, 80% of clients will keep intake and ongoing clinic-based appointments by FY 2012-2013.

State Outcome Goals Link: 7 - Better Health. JPHSA provides a single point of entry for community- and clinic-based services, which are affordable, accessible, and provided within the least restrictive environment, and thereby, contribute to the reduction of hospitalization, institutionalization, and incarceration. JPHSA provides services that are person- and family-centered and that are focused on outcomes of positive functioning and reduced symptoms/problems. Strong leadership hallmarked by strategic thinking, information seeking, data-based decision-making, flexibility, and empathy is required to attract and retain a productive and motivated staff that, in turn, delivers high quality community- and clinic-based services.

Children's Budget Link: JPHSA services for children, under the umbrella of these objectives, are related to the health policy enunciated in the Children's Budget Link, i.e. all Louisiana children will have access to comprehensive healthcare services, and are linked via the agency's budget.

Human Resource Policies Beneficial to Women and Families Link: JPHSA has an array of agency-wide Human Resources policies that support and assist female employees and their families. All policies are reviewed on no less than a biannual basis. Policies are updated and amended as needed to remain in compliance with federal, state, and local laws/rules as well as with agency philosophy and standards recommended by the Council on Accreditation (COA).

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): The President's New Freedom Commission on Mental Health; The Association of Persons with Handicaps (TASH); The American Association on Intellectual and Developmental Disabilities (AAIDD); Health People 2010; Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Substance Abuse and Mental Health Services Administration's National Outcomes Measures for Co-occurring Disorders State Partnership; Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT); Healthcare Redesign in Louisiana; and Act 555: Parish Children and Youth Services Planning Boards Act.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2008-2009	FY 2008-2009	FY 2009-2010	FY 2009-2010	FY 2010-2011	FY 2010-2011
K	Percentage of appointments kept for intake and ongoing clinic-based appointments (LAPAS CODE - New)	Not Available	Not Available	Not Available	65%	70%	70%

This is a new Performance Indicator. JPHSA initiated internal data collection in FY 2008-2009, and will continue to collect data internally for this Key Performance Indicator during FY 2009-2010.
 Data was neither collected nor reported in FY 2008-2009.
 Baseline data are being collected during FY 2009-2010. The Performance Standard provided is an estimate.



Jefferson Parish Human Services Authority General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Percentage of individuals with a developmental disability surveyed who reported they had choice in the services they received (LAPAS CODE - 15889)	62%	78%	81%	85%	85%
Percentage of individuals with a developmental disability surveyed who reported they had overall satisfaction with the services they received (LAPAS CODE - 15890)	94%	94%	94%	95%	97%



09-301 — Florida Parishes Human Services Authority



Agency Description

The mission of the Florida Parishes Human Services Authority is to direct the operation and management of public community-based programs and services relative to addictive disorders (including the Alcohol Drug Unit and Fontainebleau Treatment Center), developmental disabilities, and mental health in the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington.

The goals of the Florida Parishes Human Services Authority Program are:

- I. To assure comprehensive services and supports which improve the quality of life and community participation for persons with a serious and persistent addictive disorder, developmental disability, and/or mental illness, while providing effective limited intervention to individuals with less severe needs.
- II. To improve the quality and effectiveness of services and/or treatment through the implementation of best practices and use of data-based decision making.
- III. To promote healthy and safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.

The Florida Parishes Human Services Authority Program is a political subdivision created by the Louisiana Legislature to directly operate and manage addictive disorders, developmental disabilities, and community-based mental health services in the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. Functions and funds relative to the operation of these services were transferred to FPHSA from the Department of Health and Hospitals (DHH) through a memorandum of agreement monitored by the DHH Secretary. Some funds relative to these functions are also appropriated directly to FPHSA. To increase responsiveness to local human service needs, FPHSA is governed by a board composed of members nominated by the respective parish governing bodies, appointed by the parish president, and ratified by the legislative delegation. The program has three major activities: addictive disorders, developmental disabilities, and mental health.

The Florida Parishes Human Services Authority (FPHSA) has one program: Florida Parishes Human Services Authority.

Florida Parishes Human Services Authority Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 12,723,388	\$ 11,419,548	\$ 11,419,548	\$ 11,383,469	\$ 11,752,393	\$ 332,845
State General Fund by:						
Total Interagency Transfers	8,888,565	9,953,803	9,953,803	9,947,303	8,952,723	(1,001,080)
Fees and Self-generated Revenues	102,350	104,428	104,428	106,428	106,428	2,000
Statutory Dedications	14,250	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	10,513	11,100	11,100	11,100	11,100	0
Total Means of Financing	\$ 21,739,066	\$ 21,488,879	\$ 21,488,879	\$ 21,448,300	\$ 20,822,644	\$ (666,235)
Expenditures & Request:						
Florida Parishes Human Services Authority	\$ 21,739,066	\$ 21,488,879	\$ 21,488,879	\$ 21,448,300	\$ 20,822,644	\$ (666,235)
Total Expenditures & Request	\$ 21,739,066	\$ 21,488,879	\$ 21,488,879	\$ 21,448,300	\$ 20,822,644	\$ (666,235)
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



301_1000 — Florida Parishes Human Services Authority

Program Authorization: Act 594 of the 2003 Regular Legislative Session

Program Description

The mission of the Florida Parishes Human Services Authority (FPHSA) Program is to direct the operation and management of public, community-based programs and services relative to addictive disorders (including the Alcohol Drug Unit and Fontainebleu Treatment Center), developmental disabilities, mental health, in the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington.

The goals of the Florida Parishes Human Services Authority Program are:

- I. To assure comprehensive services and supports which improve the quality of life and community participation for persons with an addictive disorder, developmental disability, and/or serious and persistent mental illness while providing effective limited intervention to individuals with less severe needs.
- II. To improve the quality and effectiveness of services and/or treatment through the implementation of best practices and use of data-based decision-making.
- III. To promote healthy and safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.

The Florida Parishes Human Services Authority Program is a political subdivision created by the Louisiana Legislature to directly operate and manage addictive disorders, developmental disabilities, and community-based mental health in the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. Functions and funds relative to the operation of these services were transferred to FPHSA from the Department of Health and Hospitals (DHH) through a memorandum of agreement monitored by the DHH Secretary. Some funds relative to these functions are also appropriated directly to FPHSA. To increase responsiveness to local human service needs, FPHSA is governed by a board composed of members nominated by the respective parish governing bodies, appointed by the parish president and ratified by the legislative delegation. The program has three major activities: addictive disorders developmental disabilities, and mental health.

The Florida Parishes Human Services Authority Program includes the following activities:

- Addictive Disorders Services - Addictive Disorders Services (ADS) provides an accessible system of prevention and addiction treatment services available in each of the five parishes served by FPHSA. Primary Prevention is an anticipatory process that prepares and supports individuals and systems in the creation and reinforcement of healthy behaviors and lifestyles. Alcohol, tobacco, and other drug problem prevention focuses on risk and protective factors associated with the use of these substances, concentrating on areas where research and experience suggest that success in reducing abuse and addiction is most likely. Evidence-based programs are currently administered to students in schools in all of the five parishes. ADS addictions treatment promotes and supports healthy lifestyles for individuals, families, and communities by providing substance abuse/dependence and compulsive problem gambling treatment through a comprehensive system of care. Levels of care include outpatient and primary inpatient. Outpatient clinics provide

both intensive outpatient treatment consisting of two or more hours per day for three or more days per week for a minimum of nine hours per week and non-intensive treatment including aftercare, counseling, and supportive services. Primary inpatient is a twenty-four hours a day, seven days a week modality providing non-acute care and includes a planned and professionally implemented regime for persons suffering from alcohol and/or other addiction problems.

- **Developmental Disabilities Services -** Developmental Disabilities Services (DDS) focuses on community-based services which assist individuals and families to maintain their family member in the home or community close to natural supports. DDS is the single point of entry into community based services which include, Support Coordination, Family Support, Pre-admission Screening Resident Review (PASRR), Cash Subsidy, Residential Services and entry into the Home and Community Based waiver. A developmental disability may be a physical or cognitive impairment, must occur prior to the age of 22, not solely be attributed to mental illness, and significantly impair three or more activities of daily living. The DDS Entry Unit determines whether the individual meets criteria for participation in the system. Support Coordination is offered to individuals to obtain needed services through an assessment of their needs, and development of an Individual Support Plan which identifies and provides access to natural community supports and system-funded services (such as Medicaid) to meet needs and preferences. Information and referral to other agencies is provided on an ongoing basis. Family Support services are provided to enable a family to maintain their family member in their home or an individual in their own home. Services are developed using a person centered approach. PASRR is the review of all nursing home admissions within the FPHSA area of persons with developmental disabilities to determine appropriateness of nursing home environment in meeting their needs and to identify their need for specialized services and/or services of a lesser intensity. Cash Subsidy is a flat monthly stipend provided to families of children from birth through age 17 with severe developmental disabilities. Funding helps these families meet the extraordinary cost of services and equipment to maintain a developmentally-disabled child in the home. Residential Services include a broad range of group living providing 24-hour supports such as community homes and institutions. Referrals for residential placement are of last resort and per the request of the family and/or individual. DDS strives to provide supports and services in order to maintain persons with developmental disabilities in the home with family or in a home of their own.
- **Executive Administration -** Florida Parishes Human Services Authority (FPHSA) is a state-funded local governance entity with the mission of enhancing the availability of services and supports leading to a satisfying and productive life for persons with addictions, developmental disabilities, and mental illnesses. Permanent Supportive Housing Services is a recent addition to the agency's activities. FPHSA was created to pool funding dollars in the areas of addictive disorders, developmental disabilities, and mental health services and to bring spending and operational decisions down to the local level. FPHSA's geographical service area includes the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. The Authority is governed by a nine-member Board of Directors representing the five-parish area. FPHSA, through its Board, directs the operation and management of community-based programs. The Executive Administration oversees the budget, contracting, and purchasing processes, ensuring that the agency optimizes tax-payer dollars; develops, implements, and monitors agency compliance with policies and procedures modeled after state and national best-practices; assesses staff training needs and fosters workforce development by connecting employees with appropriate training opportunities; reduces or eliminates inefficiencies by analyzing and improving on agency processes; keeps pace with the rest of the state by early adoption of technological improvements; and ensures agency adherence to state and federal regulations. Along with traditional clinic services, such as evaluation, therapy, and medication management, a number of various other services are provided through contract providers, such as respite care, case management, crisis intervention, in-home therapy, vocational training, housing supports, etc. In addition to community-based out-patient services, FPHSA has two inpatient substance abuse treatment programs, Fontainebleau



Treatment Center (FTC) and the Alcohol Drug Unit (ADU), which are housed on the grounds of Southeast Louisiana State Hospital but are not part of the hospital. FPHSA serves both adults and children who meet the criteria for services in the areas of addictive disorders, developmental disabilities, mental health and permanent supportive housing. Under the Authority, it is a goal to avoid duplication, to streamline service delivery, and to improve the quality of care and service delivery to the consumers who are served.

- **Mental Health Services - Mental Health Services (MHS)** provides community-based mental health services in out-patient settings at three mental health centers located in the five-parish catchment area composed of Livingston; Tangipahoa; St. Helena; St. Tammany; and Washington Parishes. In addition to clinic-based services, outreach services are provided at several different locations across the five-parish service area to enhance access to services for adults with severe and persistent mental illness. Mental health services are also provided in the clinics to children and adolescents across the area. The clinic services include crisis assessments; psychosocial evaluations; psychiatric evaluations; psychological evaluations; individual and group therapy; medication management; and provision of psychiatric medications to indigent individuals as deemed appropriate. In addition, a variety of supportive services are provided through contract providers in the community as an extension of the service delivery system and continuum of care. Some of the supportive services and community-based interventions provided by contract providers include the following: crisis phone line for after-hours access; psychosocial clubhouse; case management services; consumer care resources; transitional group home services (6 males beds); recreational respite program for youth; in-home crisis intervention services for youth; family preservation services for youth and their families; transportation vouchers for youth to access services; and Interagency Services Coordination (ISC) to develop a plan for “wraparound services” in an effort to maintain youth in the community and to avert out-of-home and out-of-school placements. These services are coordinated and every effort is made to avoid duplication of services, not only within the agency, but with other community stakeholders. This philosophy and promotion of coordination and collaboration of service delivery helps to maximize the most of our limited resources, both staff time and funding for contracted services.
- **Permanent Supportive Housing - Permanent Supportive Housing (PSH)** is a nationally-recognized model designed to provide flexible, community-based supportive services linked to affordable rental housing units in community-integrated, non-institutional settings. PSH targets a population with serious and long-term disabilities including mental illnesses, developmental disabilities, physical disabilities, substance use disorders, chronic health conditions such as HIV/AIDS, as well as frail elders and youth aging out of the foster care system. As a result of the 2006-2007 and 2007-2008 Louisiana Housing Finance Agency (LHFA) Tax Credit Rounds, Shelter Plus Care PSH Program, and Project-Based Vouchers Program, PSH anticipates one hundred ninety-eight (198) PSH units in Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington parishes. Florida Parishes Human Services Authority (FPHSA) is the designated Local Lead Agency (LLA) for the PSH Set-Aside Initiative. FPHSA is the primary entry point to community-based services and is responsible for individual service planning and coordination, monitoring service provider quality and performance, and coordinating diverse funding streams to optimize cost-effectiveness and service sustainability. FPHSA has established relationships with representative stakeholders from all target populations to obtain and maintain a current understanding of community needs and to conduct critical outreach efforts to ensure that PSH units are promoted to all eligible populations. The target population has a variety of complex service needs that require flexible services and supports to establish and maintain long-term housing stability. To meet these complex service needs, FPHSA PSH Housing Support Team (HST) provides pre-tenancy assistance, move-in activities, and stabilization services in an effort to provide PSH households long-term housing.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$0	\$5,823,466	0	Addictive Disorders Services - Provides treatment services to individuals with addictive disorders and prevention services to children, adolescents, and their families.
\$2,196,453	\$2,732,285	0	Developmental Disabilities Services - Focuses on community based services which assist individuals and families to maintain their family member in the home or community close to support systems.
\$2,130,708	\$2,144,175	0	Administration - Provide for the operation and management of the services provided to the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington.
\$7,425,232	\$9,107,718	0	Mental Health Services - Provide services that emphasize recovery for adults and resiliency for youth to individuals diagnosed with a mental illness.
\$0	\$1,015,000	0	Permanent Supportive Housing - Provides flexible, community-based supportive services linked to affordable rental housing units in community integrated settings to individuals with serious and long-term disabilities.
		207	NON T.O. FTE Ceiling Recommended for FY 2010-2011
\$11,752,393	\$20,822,644	207	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Florida Parishes Human Services Authority Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 12,723,388	\$ 11,419,548	\$ 11,419,548	\$ 11,383,469	\$ 11,752,393	\$ 332,845
State General Fund by:						
Total Interagency Transfers	8,888,565	9,953,803	9,953,803	9,947,303	8,952,723	(1,001,080)
Fees and Self-generated Revenues	102,350	104,428	104,428	106,428	106,428	2,000
Statutory Dedications	14,250	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	10,513	11,100	11,100	11,100	11,100	0
Total Means of Financing	\$ 21,739,066	\$ 21,488,879	\$ 21,488,879	\$ 21,448,300	\$ 20,822,644	\$ (666,235)
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	4,109,829	2,762,710	2,762,710	2,844,138	2,190,589	(572,121)
Total Professional Services	356,015	465,018	465,018	485,289	465,018	0
Total Other Charges	17,217,586	18,234,151	18,261,151	18,118,873	18,167,037	(94,114)
Total Acq & Major Repairs	55,636	27,000	0	0	0	0
Total Unallotted	0	0	0	0	0	0



Florida Parishes Human Services Authority Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Expenditures & Request	\$ 21,739,066	\$ 21,488,879	\$ 21,488,879	\$ 21,448,300	\$ 20,822,644	\$ (666,235)
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Statutory Dedications. The Interagency Transfers are from the Office for Citizens with Developmental Disabilities, the Office for Addictive Disorders, the Office of Mental Health, Office of the Secretary, and Medical Vendor Payments - Title XIX. The Fees and Self-generated Revenues are from the collection of fees for services provided to clients who are not Medicaid eligible and cost reimbursement from the 22nd Judicial District Court (Drug Court Treatment Program). The Statutory Dedication listed is from the Overcollections Fund. (Per R.S. 39:36B. (8), see table below for a listing of expenditures out of each Statutory Dedication Fund.)

Florida Parishes Human Services Authority Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Overcollections Fund	14,250	0	0	0	0	0

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 11,419,548	\$ 21,488,879	0	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
1,834	1,834	0	Civil Service Training Series
444,441	444,441	0	State Employee Retirement Rate Adjustment
7,801	7,801	0	Risk Management
7,707	7,707	0	Legislative Auditor Fees
(276)	(276)	0	UPS Fees
1,958	1,958	0	Civil Service Fees
(672)	(672)	0	CPTP Fees



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
Non-Statewide Major Financial Changes:			
875,000	875,000	0	Funding provided as an investment into additional community-based mental health services, including Assertive Community Teams/Forensic Assertive Community Teams and an Intensive Care Management System.
0	(694,180)	0	Reduction in Substance Abuse Prevention and Treatment (SAPT) block grant funding from the Office for Addictive Disorders.
(2,000)	0	0	Means of finance substitution to increase budget authority for self-generated revenue so FPHSA can utilize the fees received for copying charges.
0	(300,400)	0	Reduction in Interagency Transfers from the Office for Addictive Disorders.
0	(6,500)	0	Reduction of Interagency Transfer funds from the Office of Citizens with Developmental Disabilities.
(1,002,948)	(1,002,948)	0	Annualization of Executive Order BJ 09-21FY10 mid-year budget reductions to Mental Health and Family Support Services.
\$ 11,752,393	\$ 20,822,644	0	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 11,752,393	\$ 20,822,644	0	Base Executive Budget FY 2010-2011
\$ 11,752,393	\$ 20,822,644	0	Grand Total Recommended

Professional Services

Amount	Description
\$465,018	Contracted Services - Psychiatric, psychological, and interpretive services, as well as preliminary medical screening for clients served by Florida Parishes Human Services Authority
\$465,018	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
Other Charges:	
\$13,035,194	Salaries and related benefits for Non T.O. FTE positions
\$4,135,983	Funding to support addictive disorders, developmental disabilities, and mental health contracts for treatment and various supports that provide essential and enhanced community-based services for the five-parish catchment area of Florida Parishes Human Services Authority.
\$17,171,177	SUB-TOTAL OTHER CHARGES
Interagency Transfers:	
\$7,379	Payments to the Division of Administration for Uniform Payroll Services
\$5,688	Payments to the Division of Administration - Comprehensive Public Training Program
\$136,111	Payments to the Division of Administration - Office of Risk Management



Other Charges (Continued)

Amount	Description
\$33,183	Payments to the Legislative Auditor
\$26,929	Payments to the Department of Civil Service
\$5,100	Payments to Workforce Development (301) - Unemployment compensation
\$4,925	Payments to the Division of Administration (107) - E-mail services (mailboxes, storage, archiving)
\$327	Payments to Office of the Secretary (307) - Loss prevention/safety/HIPPA training
\$2,800	Payments to Administrative Services (805) - Mail Operations
\$572,600	Support services for Fountainebleau Treatment Center and Alcohol and Drug Unit
\$8,630	Payments to the Office of State Printing and Forms Management
\$90,968	Intensive Residential Bed Program for Adults consisting of six male beds
\$101,220	Payments to the Office of Telecommunications for fees
\$995,860	SUB-TOTAL INTERAGENCY TRANSFERS
\$18,167,037	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.

Performance Information

- (KEY) By June 30, 2011, through the Addictive Disorders Services activity, FPHSA will provide treatment services to individuals with addictive disorders and prevention services to children, adolescents, and their families by ensuring that at least 88% of clients will successfully complete the Primary Inpatient Adult program.**

State Outcome Goals Link: Better Health- Affordable Care: Provision of addictive disorders treatment to those suffering from addictions contributes to the reduction of statewide health care costs. Left untreated, the addicted person's medical care needs grow due to secondary health conditions. When addiction is treated, better health care outcomes become apparent and statewide medical care costs are reduced. Studies show that addiction treatment significantly reduces emergency room, inpatient, and total health care costs. Primary Prevention goes a step further in containing health care costs by initiating environmental change through community coalitions and providing evidence-based programs to children, increasing the odds that they will lead drug-free healthy lifestyles. The Screening Brief Intervention Referral Treatment (SBIRT) Healthy Babies Initiative collaborative at FPHSA and other state and private agencies is designed to be integrated into prenatal care providing treatment for the mother, if indicated, while increasing the chances that babies will be born healthy, thus preventing future serious health, behavioral, and mental issues. FPHSA ADS is funded primarily through the Substance Abuse Prevention and Treatment Federal Block Grant and state general funds. The agency has also recently increased self-generated funds through an MOU with the 22nd Judicial District Court. FPHSA is reimbursed for services provided to the clients referred by the court.

Children's Budget Link: Services for children are linked via the Children's Budget to the Children's Cabinet.

Human Resource Policies Beneficial to Women and Families Link: Not applicable.



Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010, Goal 26: Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.

Explanatory Note: The Florida Parishes Human Services Authority provides addictive disorders services through outpatient clinics as well as contract providers throughout its catchment area. Inpatient residential substance abuse treatment is provided at the Alcohol Drug Unit (ADU) and Fontainebleau Treatment Center (FTC) in Mandeville. Prevention services are provided throughout the Florida parishes, primarily by contract providers.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of individuals receiving outpatient treatment for three months or more (LAPAS CODE - 21037)	40.0%	33.0%	40.0%	40.0%	40.0%	40.0%
K	Percentage of individuals successfully completing the program (Primary Inpatient - Adult) (LAPAS CODE - 21038)	88%	84%	88%	88%	88%	88%
S	Average daily census- (Primary Inpatient - Adult) (LAPAS CODE - 21039)	70	56	70	70	61	61
Revise Calculation Methodology to: Number of occupied bed (client) days, as provided in the monthly census reports, divided by the number of days in the reporting period. The Performance Standard for this PI is being reduced due to the reduced capacity for the Alcohol Drug Unit. The previously occupied (by ADU) building located on SELH grounds was damaged during Hurricane Katrina and has not had the necessary repairs for occupancy.							
K	Total number of individuals admitted/received outpatient addictive disorders treatment services (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	1,509	1,509
Calculation Methodology: Actual number of admissions for all outpatient addictive disorders treatment services as reported in LADDS (Louisiana Addictive Disorders Data System). This Performance Indicator is new, therefore there is no Fiscal Year 2009 and 2010 data.							
K	Total number of individuals screened but not admitted to outpatient addictive disorders treatment services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	260	260
Calculation Methodology: Actual number of individuals screened, but not admitted, for all outpatient addictive disorders treatment services as reported in LADDS (Louisiana Addictive Disorders Data System). This Performance Indicator is new, therefore there is no Fiscal Year 2009 and 2010 data.							



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Total number of individuals receiving outpatient addictive disorders treatment services (Includes admitted and screened) (LAPAS CODE - 21042)	Not Available	1,769	Not Available	Not Available	1,769	1,739
<p>Calculation Methodology: Actual number of admissions and screenings for outpatient addictive disorders services. This Performance Indicator is being changed from a general PI to a key PI beginning Fiscal Year 2011, therefore, there is no Performance Standard in Fiscal Year 2010. The word "treatment" is being added for clarification purposes. This indicator does not include prevention services.</p>							
K	Total number of individuals receiving inpatient addictive disorders treatment services. (LAPAS CODE - 21043)	Not Available	835	Not Available	Not Available	835	835
<p>This Performance Indicator is being changed from a general PI to a key PI beginning Fiscal Year 2011, therefore, there is no Performance Standard in Fiscal Year 2010. The word "treatment" is being added for clarification purposes. This indicator does not include prevention services.</p>							
K	Total number of persons served in prevention programs. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	26,900	26,900
<p>This Performance Indicator is new, therefore there is no Fiscal Year 2009 and 2010 data. Calculation Methodology: Actual number of persons receiving prevention services (Includes participants and enrollees in evidence-based training programs).</p>							
K	Total number of participants served by other prevention efforts (does not include those enrolled in evidence-based training or merchants educated through Synar). (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	20,800	20,800
<p>This Performance Indicator is new, therefore there is no Fiscal Year 2009 and 2010 data. Calculation Methodology: Actual number of participants served.</p>							
K	Percentage of participants completing the evidence-based training program. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	91%	91%
<p>This Performance Indicator is new, therefore there is no Fiscal Year 2009 and 2010 data. Calculation Methodology: Total number of participants completing the evidence-based training program divided by the total number of participants.</p>							



Florida Parishes Human Services Authority General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Total number of individuals receiving addictive disorders treatment services (LAPAS CODE - 21041)	3,619	2,411	1,902	2,701	2,950
Average cost per client day (Primary Inpatient - Adult) (LAPAS CODE - 21045)	\$ 100	\$ 146	\$ 168	\$ 152	\$ 142
Average cost per individual served in outpatient addictive disorders treatment services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available
This Performance Indicator is new, therefore, there is no previous data. Calculation Methodology: Year-end expenditures for outpatient treatment services divided by the total number of individuals receiving outpatient treatment services.					
Average cost per individual served in inpatient addictive disorders treatment services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available
This Performance Indicator is new, therefore, there is no previous data. Calculation Methodology: Year-end expenditures for inpatient treatment services divided by the total number of individuals receiving inpatient treatment services.					
Average cost per individual served in addictive disorders prevention programs. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available
This Performance Indicator is new, therefore, there is no previous data. Calculation Methodology: Year-end expenditures for prevention services divided by the total number of individuals receiving prevention services.					
Total number of merchants educated through Synar services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available
This Performance Indicator is new, therefore, there is no previous data. Calculation Methodology: Actual numbers reported.					
Cost per participant enrolled in evidence-based training programs. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available
This Performance Indicator is new, therefore, there is no previous data. Calculation Methodology: Year-end Life Skills Training program expenditures divided by the total number of participants enrolled in the Life Skills Training program.					

2. (KEY) By June 30, 2011, through the Developmental Disabilities Services activity, FPHSA will provide services that emphasize person-centered individual and family supports to persons with developmental disabilities, and ensure that at least 174 individuals will receive cash subsidy services.

State Outcome Goals Link: Better Health - Optimizing Community Based Care: FPHSA's Developmental Disabilities Services (DDS) contributes to a continuum of care that provides individuals with choices. DDS, through its Entry Unit, conducts an individual needs assessment to determine the level of care/services for individuals to remain in the community. There is a 20 working day timeline following the face-to-face interview to determine whether a person meets criteria. This ensures a timely access into the service system. A person-centered approach provides an effective method to address a person's hopes, dreams, and desires thus ensuring the opportunity to be a productive, contributing member of society. The services are developed through a Plan of Support created by the individual/family and the assigned DDS Support Coordinator. Natural supports are discussed with the individual and they are encouraged to use these supports to enhance their quality of life. The individual/family is given a list of private agencies providing an opportunity to choose an agency which meets



their needs. The individual/family may choose to use a person known to the family and trained in the specialized needs of the individual. The Support Coordinator works with the individual to define the structure of what, when and where the services will be implemented. Implementation of the Plan of Support is reviewed monthly by submission of a log of services provided to the individual. The Support Coordinator provides feedback on how the services are being implemented. During the interaction between the individual and Support Coordinator, the success and quality of services are evaluated, adjustments are made to meet the individual's changing needs and referrals are made to other community based services in an effort to assure the individual continues to live in the community. An in-depth monitoring of services is completed quarterly. Adjustments are made to services with the provider to prevent future crisis situations.

Children's Budget Link: Services for children are linked via the Children's Budget to the Children's Cabinet.

Human Resource Policies Beneficial to Women and Families Link: Not applicable.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy people 2010, Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U. S. population.

Explanatory Note: A developmental disability can present special challenges for individuals and their families. The Florida Parishes Human Services Authority provides information, individualized service planning, and/or referrals. A developmental disability refers to a documented diagnosis of developmental disability and/or mental retardation appearing before the age of 22 years. It can also mean a severe or chronic disability resulting from cerebral palsy, epilepsy, autism, or any condition other than mental illness. In addition, there must be a substantial limitation in three of six life skills areas (i.e., learning, self-care, mobility, etc.).

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	The total unduplicated number of individuals receiving developmental disabilities community-based services. (LAPAS CODE - 21022)	501	570	451	451	550	500
Revise Calculation Methodology to: Electronic count of any person who receives a community-based service by the Individual Tracking System (ITS). Does not include referrals to Families Helping Families. Based on previous history performance, the Performance Standard is being increased to accurately measure this indicator.							
K	The total unduplicated number of individuals receiving Individual and Family Support services. (LAPAS CODE - 21023)	245	282	177	177	262	210
Based on previous history performance, the Performance Standard is being increased to accurately measure this indicator.							
K	The total unduplicated number of individuals receiving Cash Subsidy. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	174	174



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		Calculation Methodology: Actual number reported by ITS. This Performance Indicator is new, therefore, there is no previous data.					
K	The total unduplicated number of individuals receiving Crisis services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	60	60
		Calculation Methodology: Actual number reported by ITS. This Performance Indicator is new, therefore, there is no previous data.					
K	The total unduplicated number of individuals receiving Pre-admission Screening and Annual Resident Review (PASSAR) services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	21	21
		Calculation Methodology: Actual number reported by ITS. This Performance Indicator is new, therefore, there is no previous data.					
K	The total unduplicated number of individuals referred to Families Helping Families services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	300	300
		Calculation Methodology: Actual number reported by ITS. This Performance Indicator is new, therefore, there is no previous data.					

Florida Parishes Human Services Authority General Performance Information

Performance Indicator Name	Performance Indicator Values					
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009	
Average cost per individual receiving Individual and Family Support services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available	
	Calculation Methodology: Year-end Individual and Family Support expenditures divided by the total number of individuals served. This Performance Indicator is new, therefore, there is no previous data.					
Average cost per individual receiving Cash Subsidy. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available	
	Calculation Methodology: Year-end Cash Subsidy expenditures divided by the total number of individuals served. This Performance Indicator is new, therefore, there is no previous data.					
Average cost per individual receiving Crisis services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available	
	Calculation Methodology: Year-end Crisis expenditures divided by the total number of individuals served. This Performance Indicator is new, therefore, there is no previous data.					



Florida Parishes Human Services Authority General Performance Information (Continued)

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Average cost per individual receiving PASSAR services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available
Calculation Methodology: Year-end PASSAR expenditures divided by the total number of individuals served. This Performance Indicator is new, therefore, there is no previous data.					
Average cost per individual referred to Families Helping Families services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available
Calculation Methodology: Year-end Families Helping Families expenditures divided by the total number of individuals referred. This Performance Indicator is new, therefore, there is no previous data.					
Percentage of Cash Subsidy recipients who remain in the community (vs. institution). (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available
Calculation Methodology: The total unduplicated number of individuals receiving Cash Subsidy less the number of recipients who entered institutions divided by the total unduplicated number of individuals receiving Cash Subsidy. This Performance Indicator is new, therefore, there is no previous data.					
Percentage of Individual and Family Support recipients that remain in the community (vs. institution). (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available
This Performance Indicator is new, therefore, there is no previous data. Calculation Methodology: The total unduplicated number of individuals receiving Individual and Family Support services less the number of recipients who entered institutions divided by the total unduplicated number of individuals receiving individual and Family Support services.					

3. (KEY) By June 30, 2011, through the Administration activity, FPHSA will provide for the operation and management of public, community-based services relating to addictive disorders, developmental disabilities, mental health, and Permanent Supportive Housing in the parishes of Livingston, St. Helena, St. Tammany, Tangipohoa, and Washington, by ensuring that at least 70% of the LaPas indicators goals will be met or exceeded within a (+/-) 4.99% range.

State Outcome Goals Link: Better Health - Optimizing the use of community-based care while decreasing reliance on more expensive institutional care: As the local governance entity responsible for state-administered behavioral health, developmental disabilities services, and permanent supportive housing, FPHSA is the area's major provider of community-based service delivery and governance, providing community level knowledge of needs and the most-effective means of meeting those needs by utilizing local resources and infrastructure. The Executive Administration oversees the budget, contracting, and purchasing processes, ensuring that the agency optimizes tax-payer dollars; develops, implements, and monitors agency compliance with policies and procedures modeled after state and national best-practices; assesses staff training needs and fosters workforce development by connecting employees with appropriate training opportunities; reduces or eliminates inefficiencies by analyzing and improving on agency processes; keeps pace with the rest of the state by early adoption of technological improvements; and ensures agency adherence to state and federal regulations.

Children's Budget Link: Not applicable.



Human Resource Policies Beneficial to Women and Families Link: Florida Parishes Human Services Authority, through its Human Resource's Department, will develop and implement policies that are helpful and beneficial to women and families, using such resources as federal, state, and/or local laws, guidelines, and procedures, as well as provide a mechanism for internal feedback. As a part of the implementation process, continued monitoring of all applicable resources will ensure that these policies are regularly maintained and updated for accuracy.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable.

Explanatory Note: Florida Parishes Human Services Authority (FPHSA) is a state-funded local governance entity with the mission of enhancing the availability of services and supports leading to a satisfying and productive life for persons with addictions, developmental disabilities, and mental illnesses. Permanent Supportive Housing Services is a recent addition to the agency's activities. FPHSA was created to pool funding dollars in the areas of addictive disorders, developmental disabilities, and mental health services and to bring spending and operational decisions down to the local level. FPHSA's geographical service area includes the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. The Authority is governed by a nine-member Board of Directors representing the five-parish area. FPHSA, through its Board, directs the operation and management of community-based programs. Along with traditional clinic services, such as evaluation, therapy, and medication management, a number of various other services are provided through contract providers, such as respite care, case management, crisis intervention, in-home therapy, vocational training, housing supports, etc. In addition to community-based out-patient services, FPHSA has two inpatient substance abuse treatment programs, Fontainebleau Treatment Center (FTC) and the Alcohol Drug Unit (ADU), which are housed on the grounds of Southeast Louisiana State Hospital but are not part of the hospital. FPHSA serves both adults and children/adolescents who meet the criteria for services in the areas of addictive disorders, developmental disabilities, mental health and permanent supportive housing. Under the Authority, it is a goal to avoid duplication, to streamline service delivery, and to improve the quality of care and service delivery to the consumers who are served.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of Performance Planning and Review (PPR) evaluations completed by the employee anniversary dates. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	98%	98%
	This is a new Performance Indicator, therefore, there is no previous data. Calculation Methodology: Number of PPR evaluations completed by the employee anniversary date divided by the total number of PPR evaluations due.						
K	Percentage of Information Technology (IT) work orders closed within 5 business days of work request. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	95%	95%
	This is a new Performance Indicator, therefore, there is no previous data. Calculation Methodology: Number of IT work orders closed within 5 business days of work requests divided by the total number of IT work order requests.						

Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of contract invoices for which payment is issued within 21 days of agency receipt. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	85%	85%
<p>This is a new Performance Indicator, therefore, there is no previous data. Calculation Methodology: Number of contract invoices for which payment was issued within 21 days of agency receipt divided by the total number of contract invoices forwarded to Payment Management for payment processing.</p>							
K	Percentage of employees completing mandatory online training courses within 90 days of employment. (LAPAS CODE - New)	Not Applicable	Not Available	Not Available	Not Available	95%	95%
<p>This is a new Performance Indicator, therefore, there is no previous data. Calculation Methodology: Number of new employees completing mandatory online training courses within 90 days of employment divided by the total number of new employees that should have completed the courses in the current quarter.</p>							
K	Percentage of agency's Performance Indicators within (+ / -) 4.99% of target. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	70%	70%
<p>This is a new Performance Indicator, therefore, there is no previous data. Calculation Methodology: Cumulative number of agency performance indicators reported within (+ / -) 4.99% of the target divided by the cumulative number of performance indicators reported.</p>							
S	Agency's overall compliance percentage as reported on the quarterly Civil Service Data Integrity Report Card. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	98%	98%
<p>This is a new Performance Indicator, therefore, there is no previous data. Calculation Methodology: Actual percentage reported on the Civil Service Data Integrity Report Card.</p>							



Florida Parishes Human Services Authority General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Executive Administration expenditures as a percentage of agency's budget. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available
Calculation Methodology: Total year end Executive Administration expenditures divided by the total agency's expenditures. This Performance Indicator is new, therefore, there is no previous data.					
Percentage of agency's property accounted for annually. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available
Calculation Methodology: Total number pieces of property located divided by the total number pieces of property. This Performance Indicator is new, therefore, there is no previous data.					
Total number of individuals served by Florida Parishes Human Services Authority (Includes admitted and screened). (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	Not Available
Calculation Methodology: Actual numbers reported. Includes admitted and screened individuals. This Performance Indicator is new, therefore, there is no previous data.					

4. (KEY) By June 30, 2011, through the Mental Health Services activity, FPHSA will provide services that emphasize recovery for adults and resiliency for youth to individuals diagnosed with a mental illness, by ensuring that at least 7,370 individuals will be served in Community Mental Health Centers within the FPHSA catchment area. (Includes admitted/received services and screened)

State Outcome Goals Link: Better Health - Mental Health Services through its system of Community Mental Health Centers, outreach clinics, and supportive services offers a full range of outpatient psychiatric care for individuals with emotional disorders. Availability of community-based services reduces dependence on more costly hospital-based services. Moreover, services provided in a natural setting are more conducive to recovery than is institutionalized care. With the exception of St. Tammany Parish, the catchment area of Florida Parishes Human Services Authority (FPHSA) faces a severe lack of private providers of behavioral health services. We are to a great extent the only provider of psychiatric services for individuals with severe mental illness. FPHSA, by collaborating with institutions of higher learning, is attempting to address the immediate shortfall of providers and to groom (through internships) a future qualified workforce. FPHSA has contracts with LSU/HCSO and Tulane, along with internships with local universities.

Children's Budget Link: Services for children are linked via the Children's Budget to the Children's Cabinet.

Human Resource Policies Beneficial to Women and Families Link: Not applicable.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010, Goal 18: Improve mental health and ensure access to appropriate, quality mental health services.

Explanatory Note: The performance data included here reflects the operation of our community-based mental health clinics and outreach sites.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Average number of days between discharge from an OMH acute unit and an aftercare CMHC visit (Adult) (LAPAS CODE - 21027)	5.0	4.0	5.0	5.0	5.0	5.0
K	Percentage of adults with major mental illness served in the community receiving medication from the FPHSA pharmacy who are receiving new generation medications (LAPAS CODE - 21028)	90%	86%	94%	94%	86%	86%
The increasing number of individuals receiving mental health services coupled with state-wide budget concerns has necessitated a more restricted formulary resulting in a reduction in the number of individuals receiving new generation medications.							
S	Average number of days between discharge from an OMH acute unit and an aftercare CMHC visit (Children/Adolescents) (LAPAS CODE - 21029)	6	3	6	6	6	6
K	Total number of individuals admitted/received services in Community Mental Health Centers within the FPHSA catchment area. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	3,080	3,080
Calculation Methodology: Actual numbers reported from the DHH/OMH Management Information System (MIS). This Performance Indicator is new, therefore there is no previous data.							
K	Total number of adults admitted/received services in Community Mental Health Centers within the FPHSA catchment area. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	2,500	2,500
Calculation Methodology: Actual numbers reported from the DHH/OMH Management Information System (MIS). This Performance Indicator is new, therefore there is no previous data.							
K	Total number of children/adolescents admitted/received services in Community Mental Health Centers within the FPHSA catchment area. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	580	580
Calculation Methodology: Actual numbers reported from the DHH/OMH Management Information System (MIS). This Performance Indicator is new, therefore there is no previous data.							



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Total number of individuals screened but not admitted/received services in Community Mental Health Centers within the FPHSA catchment area. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	4,290	4,290
Calculation Methodology: Actual numbers reported from the DHH/OMH Management Information System (MIS). This Performance Indicator is new, therefore there is no previous data.							
K	Total number of adults screened but not admitted in Community Mental Health Centers within the FPHSA catchment area. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	3,320	3,320
Calculation Methodology: Actual numbers reported from the DHH/OMH Management Information System (MIS). This Performance Indicator is new, therefore there is no previous data.							
K	Total number of children/adolescents screened but not admitted in Community Mental Health Centers within the FPHSA catchment area. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	970	970
Calculation Methodology: Actual numbers reported from the DHH/OMH Management Information System (MIS). This Performance Indicator is new, therefore there is no previous data.							
K	Total number of individuals served in Community Mental Health Centers within the FPHSA catchment area. (Includes admitted/received services and screened) (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	7,370	7,370
Calculation Methodology: Actual numbers reported from the DHH/OMH Management Information System (MIS). This Performance Indicator is new, therefore there is no previous data.							



Florida Parishes Human Services Authority General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Total number of adults receiving mental health services (LAPAS CODE - 21031)	3,197	3,009	4,564	5,311	5,700
Total number of children/adolescents receiving mental health services (Includes admitted and screened) (LAPAS CODE - 21032)	845	768	1,279	1,550	1,541
Revise Calculation Methodology: Total number of children/adolescents receiving mental health services. Includes admitted and screened individuals.					
Average cost per person served in the community-based mental health centers (LAPAS CODE - 21034)	\$ 1,691	\$ 1,756	\$ 1,549	\$ 1,258	\$ 1,391

5. (KEY) By June 30, 2011, through the Permanent Supportive Housing (PSH) activity, FPHSA will provide supportive housing services to individuals with serious and long-term disabilities, and ensure that at least 90% of permanent supportive housing tenants will have a current individual service plan (ISP).

State Outcome Goals Link: Better Health - Permanent Supportive Housing Services provides individuals with stable community-based housing where individuals and families can maintain or develop independence and personal responsibility. PSH reduces the number of individuals in shelters, in-patient psychiatric hospitals, public hospitals, and emergency rooms by providing community-based services to citizens with disabilities and the elderly. PSH is improving the quality of life of individuals and families with disabilities by providing stable affordable housing, allowing many to maintain their independence at home in their communities. FPHSA PSH integrates community-based services with a stable mixed income environment that promotes social interaction that fosters a healthier lifestyle. Many PSH households are taking advantage of new opportunities to increase social and physical activities through their residential community's social events, exercise facilities, swimming pools, and recreational activities.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Hurricane Disaster Recovery - Louisiana's Road Home Action Plan provided \$72 million in Community Development Block Grant (CDBG) funding for supportive services to be used in conjunction with 2,000 Section 8 Project-Based Housing Choice Vouchers and 1,000 McKinney-Vento Shelter Plus Care rental subsidies for Permanent Supportive Housing (PSH) units for persons with disabilities that are homeless or at risk of homelessness.

Explanatory Note: Permanent Supportive Housing (PSH) is a nationally-recognized model designed to provide flexible, community-based supportive services linked to affordable rental housing units in community-integrated, non-institutional settings. PSH targets a population with serious and long-term disabilities including mental illnesses, developmental disabilities, physical disabilities, substance use disorders, chronic health conditions such as HIV/AIDS, as well as frail elders and youth aging out of the foster care system. As a result of the 2006-2007 and 2007-2008 Louisiana Housing Finance Agency (LHFA) Tax Credit Rounds, Shelter Plus Care PSH Program, and Project-Based Vouchers Program, PSH anticipates one hundred ninety-eight (198) PSH units in Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington parishes. Florida Parishes Human Services Authority (FPHSA) is the designated Local Lead Agency (LLA) for the PSH Set-Aside Initiative. FPHSA is the primary entry point to community-based services and is responsible for individual service planning and coordination, monitoring service provider quality and performance, and coordinating diverse funding streams to optimize cost-effectiveness and service sustainability. FPHSA has established relationships



with representative stakeholders from all target populations to obtain and maintain a current understanding of community needs and to conduct critical outreach efforts to ensure that PSH units are promoted to all eligible populations. The target population has a variety of complex service needs that require flexible services and supports to establish and maintain long-term housing stability. To meet these complex service needs, FPHSA PSH Housing Support Team (HST) provides pre-tenancy assistance, move-in activities, and stabilization services in an effort to ensure PSH households long-term housing.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2008-2009	FY 2008-2009	FY 2009-2010	FY 2009-2010	FY 2010-2011	FY 2010-2011
K	Total number of families residing in permanent supportive housing. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	198	198
Calculation Methodology: Total number of PSH tenants at the end of the reporting period. This is a new Performance Indicator, therefore, there is no previous data.							
K	Percentage of permanent supportive housing tenants that expressed desire for employment that are assisted in their efforts to become employed. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	90%	90%
Calculation Methodology: Number of PSH tenants that FPHSA assisted in seeking employment divided by the total number of PSH tenants expressing desire for employment. This is a new Performance Indicator, therefore, there is no previous data.							
K	Percentage of permanent supportive housing tenants for which there is a current individual service plan (ISP). (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	90%	90%
Calculation Methodology: Number of current ISP's divided by the total number of PSH tenants. This is a new Performance Indicator, therefore, there is no previous data.							



09-302 — Capital Area Human Services District



Agency Description

The mission of the Capital Area Human Services District (CAHSD), is to direct the operation and management of public, community-based programs and services relative to addictive disorders, developmental disabilities, and mental health for individuals meeting treatment criteria in the parishes of Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, and West Feliciana.

The goals of the Capital Area Human Services District Program are:

- I. To provide mental health, addictive disorders and developmental disabilities services that consumers, their families, and communities want in a manner that provides them quick and convenient entry into services.
- II. To ensure that services provided are responsive to client concerns, integrated in service delivery methods, representative of best practice, and consistent with the goals of the Department of Health and Hospitals and its program offices.
- III. To promote healthy and safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.

The Capital Area Human Services District Program is a political subdivision created by the Louisiana Legislature to directly operate and manage community-based mental health, addictive disorders, developmental disabilities, and certain public health functions in the parishes of Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, and West Feliciana. CAHSD is also contractually responsible for the provision of those services to the parishes of East Feliciana and West Feliciana. Functions and funds relative to the operation of these services were transferred to CAHSD from the Department of Health and Hospitals (DHH) through a memorandum of agreement monitored by the DHH Secretary. Some funds relative to these functions are also appropriated directly to CAHSD. To increase responsiveness to local human service needs, CAHSD is governed by a board composed of members nominated by the respective parish governing bodies, and appointed by the Governor of Louisiana. The district became operational July 1, 1997. Capital Area Human Services District Program has four major activities: developmental disabilities, mental health, addictive disorders, and public health.

The Capital Area Human Services District (CAHSD) has one program: Capital Area Human Services District.

For additional information, see:

Capital Area Human Services District

Capital Area Human Services District Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 20,726,664	\$ 18,586,702	\$ 18,586,702	\$ 18,432,565	\$ 20,024,952	\$ 1,438,250
State General Fund by:						
Total Interagency Transfers	12,756,288	13,615,558	13,615,558	13,586,721	12,890,072	(725,486)
Fees and Self-generated Revenues	57,029	107,269	107,269	48,000	48,000	(59,269)
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	134,079	159,135	159,135	72,000	72,000	(87,135)
Total Means of Financing	\$ 33,674,060	\$ 32,468,664	\$ 32,468,664	\$ 32,139,286	\$ 33,035,024	\$ 566,360
Expenditures & Request:						
Capital Area Human Services District	\$ 33,674,060	\$ 32,468,664	\$ 32,468,664	\$ 32,139,286	\$ 33,035,024	\$ 566,360
Total Expenditures & Request	\$ 33,674,060	\$ 32,468,664	\$ 32,468,664	\$ 32,139,286	\$ 33,035,024	\$ 566,360
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



302_1000 — Capital Area Human Services District

Program Authorization: R.S. 46:2661-2666; R.S. 28:771(D); R.S. 36:254(F); and R.S. 36:258(G)

Program Description

The mission of the Capital Area Human Services District (CAHSD) Program, is to direct the operation and management of public, community-based programs and services relative to addictive disorders, developmental disability, mental health, and public health in the parishes of Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, and West Feliciana.

The goals of the Capital Area Human Services District Program are:

- I. To provide mental health, addictive disorder, and developmental disability services that consumers, their families, and communities want in a manner that provides them quick and convenient entry into the services.
- II. To ensure that services provided are responsive to client needs and concerns, integrated in service delivery methods, representative of best practice, and consistent with the goals of the Department of Health and Hospitals and its program offices.
- III. To promote healthy and safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.

The Capital Area Human Services District Program is a political subdivision created by the Louisiana Legislature to directly operate and manage community-based mental health, addictive disorders, developmental disabilities, and certain public health functions in the parishes of Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, and West Feliciana. Functions and funds relative to the operation of these services were transferred to CAHSD from the Department of Health and Hospitals (DHH) through a memorandum of agreement monitored by the DHH Secretary. Some funds relative to these functions are also appropriated directly to CAHSD. To increase responsiveness to local human service needs, CAHSD is governed by a board composed of members nominated by the respective parish governing bodies, and appointed by the Governor of Louisiana. The district became operational July 1, 1997.

The Capital Area Human Services District includes the following activities:

- Administration - CAHSD Administration provides leadership, management and supports in the areas of District Operations, Management and Finance, Human Resources, Employee Administration, Information Technology, and Strategic Planning & Quality Improvement for the clinical and support services offices of the District.
- Developmental Disabilities - CAHSD Developmental Disabilities activity operates community-based services for mentally retarded, developmentally disabled and autistic individuals residing within the seven parishes of the District's service catchment area.
- Nurse Family Partnership - CAHSD Nurse Family Partnership activity operates the Maternal and Child Health Program for individuals residing in the District's service catchment area.

- Children’s Behavioral Health Services - CAHSD Children's Behavioral Health Services provides the mental health and substance abuse treatment and support services for children and adolescents in the District's service catchment area.
- Adult Behavioral Health Services - CAHSD Adult Behavioral Health Services provides the mental health and substance abuse treatment and support services for adults in the District's service catchment area.
- Prevention and Primary Care - CAHSD Prevention and Primary Care provides physical health integration into the behavioral health settings for clients receiving mental health, substance abuse and developmental disabilities services within the District's service catchment area.
- Disaster Response - CAHSD Disaster Response provides leadership in the Region 2 Medical Special Needs Shelter Theater during disasters and provides clinical outreach supports and services to persons with behavioral health and developmental disabilities within the community during a disaster.
- Behavioral Health Emergency Services Continuum - CAHSD Behavioral Health Emergency Services Continuum provides comprehensive community-based services to prevent, mitigate and avoid repeated cycles of crises to reduce the reliance on first responders, emergency departments and acute psychiatric beds.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$2,245,277	\$2,245,277	0	Administrative - Provides management and oversight over the services offered in the Ascension, East/West Baton Rouge, East/West Feliciana, Iberville, and Point Coupee parishes.
\$2,435,909	\$2,935,261	0	Developmental Disabilities -Provide comprehensive services for persons with developmental disabilities in the community setting that supports and empowers them to live independently and integrated into the community.
\$0	\$1,439,511	0	Nurse Family Partnership - Provides home visitation services to first time, low income mothers and their families in an effort to improve pregnancy outcomes, improve child health and development, and economic self-sufficiency of families.
\$4,734,662	\$5,601,262	0	Childrens Behavioral Health Services - Provides a behavioral system of care of prevention and treatment services for at risk youth ages 8-18 years and their families.
\$10,022,392	\$20,227,001	0	Adult Behavioral Health Services - Offers integrated, individualized, person centered care for individuals 18 years or older with chronic mental health, addictions or co-occurring conditions.
\$195,250	\$195,250	0	Prevention & Primary Care - Improve physical health and emotional well-being of the un/underinsured adult population.
\$141,462	\$141,462	0	Disaster Response - Provides supports and services prior to, during and after an emergency or disaster. Also prepares and delivers communication and clinical outreach to people with behavioral health and developmental disabilities.
\$250,000	\$250,000	0	Behavioral Health Emergency Services Continuum - Provides a community based continuum of behavioral health services in an effort to prevent, mitigate and avoid repeated cycles of crises to reduce reliance on first responders, emergency rooms, and acute psychiatric beds
		328	NON T.O. FTE Ceiling Recommended for FY 2010-2011
\$20,024,952	\$33,035,024	328	Grand Total of Activities Recommended including Non T.O. FTE Ceiling



Capital Area Human Services District Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 20,726,664	\$ 18,586,702	\$ 18,586,702	\$ 18,432,565	\$ 20,024,952	\$ 1,438,250
State General Fund by:						
Total Interagency Transfers	12,756,288	13,615,558	13,615,558	13,586,721	12,890,072	(725,486)
Fees and Self-generated Revenues	57,029	107,269	107,269	48,000	48,000	(59,269)
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	134,079	159,135	159,135	72,000	72,000	(87,135)
Total Means of Financing	\$ 33,674,060	\$ 32,468,664	\$ 32,468,664	\$ 32,139,286	\$ 33,035,024	\$ 566,360
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	2,108,235	2,299,559	2,001,159	2,155,090	2,001,159	0
Total Professional Services	446,119	640,477	568,477	592,342	505,477	(63,000)
Total Other Charges	31,119,706	29,528,628	29,899,028	29,391,854	30,528,388	629,360
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 33,674,060	\$ 32,468,664	\$ 32,468,664	\$ 32,139,286	\$ 33,035,024	\$ 566,360
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. Interagency Transfers include: payments from the Office of Mental Health for community based treatment of mental illness, payments from the Office for Addictive Disorders for community based treatment for drug and alcohol abuse, payments from the Office for Citizens with Developmental Disabilities for the services to the mentally, physically and developmentally disabled, and payments from the Office of Public Health for community based services in Region 2, and Medical Vendor Payments - Title XIX. Fees and Self-generated Revenues represents reimbursements for ineligible patient fees from the Office of Mental Health, the Office for Addictive Disorders, and private pay or insurance provider clientes. Federal funds are derived from reimbursements for services provided to Medicare eligible patients.



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 18,586,702	\$ 32,468,664	0	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
29,720	29,720	0	Civil Service Training Series
899,274	899,274	0	State Employee Retirement Rate Adjustment
348,743	348,743	0	Salary Base Adjustment
(858,325)	(858,325)	0	Attrition Adjustment
48,223	48,223	0	Risk Management
7,046	7,046	0	Legislative Auditor Fees
(247,706)	(247,706)	0	Rent in State-Owned Buildings
(51)	(51)	0	UPS Fees
10,491	10,491	0	Civil Service Fees
729	729	0	CPTP Fees
Non-Statewide Major Financial Changes:			
0	(28,837)	0	Reduction of Interagency Transfer funds from the Office of Developmental Disabilities as a result of redistribution of the statewide cash subsidy slots.
0	(146,404)	0	Reduction due to the loss of a contract with the U.S. Probation and Parole Office.
250,000	250,000	0	Technical transfer of funds from Medical Vendor Payments for the Behavioral Health Emergency Services Continuum program.
(1,424,894)	(1,424,894)	0	Annualization of Executive Order BJ 09-21FY10 mid-year budget reductions to various contracts for services including Developmental Disabilities, Children's Behavioral Health Services, Adult Behavioral Health Services, Prevention & Primary Care, and Disaster Response services.
2,375,000	2,375,000	0	Funding provided as an investment into additional community-based mental health services, including Assertive Community Teams/Forensic Assertive Community Teams and an Intensive Care Management System.
0	(696,649)	0	Reduction in addictive disorders block grant funding
\$ 20,024,952	\$ 33,035,024	0	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 20,024,952	\$ 33,035,024	0	Base Executive Budget FY 2010-2011
\$ 20,024,952	\$ 33,035,024	0	Grand Total Recommended



Professional Services

Amount	Description
\$34,000	Contracted Legal Council Services
\$423,839	Contract Physicians for psychiatric evaluations
\$11,160	Contracted staff for staff shortages
\$36,478	Training fees to develop an additional Nurse Home Partnership-Nurse Home Visiting Team
\$505,477	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$21,316,995	Salaries and related benefits for staff
\$7,593,511	Funding to support mental health, substance abuse and developmental disabilities services
\$28,910,506	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$11,424	Payments to the Division of Administration for Uniform Payroll Services
\$249,941	Payments to the Division of Administration - Office of Risk Management
\$29,274	Payments to the Legislative Auditor
\$1,163,234	Rent in State-owned Buildings
\$7,524	Payments to the Division of Administration - Comprehensive Public Training Program
\$41,601	Payments to the Department of Civil Service
\$114,884	Payment to the Office of Telecommunications for fees
\$1,617,882	SUB-TOTAL INTERAGENCY TRANSFERS
\$30,528,388	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.

Performance Information

- (KEY) By June 30, 2011, through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring that at least 90% of LaPas Indicators meet or exceed target within (-/+) 4.99%.**

State Outcome Goals Link:

Better Health: Youth outpatient prevention & treatment decreases the percentage of avoidable state government expenditures for acute, behavioral health, disability and/or chronic care that are institutional/inpatient; integrated adult screening, assessment & treatment of co-occurring disorders into all clinic programs addressing multiple health issues (mental, substance and primary health) in one location.

Safe & Thriving Families by providing services and linkage to community programs that address social, cognitive and developmental needs that contribute to safe homes and self sufficient families and intensive in home treatment and family support services that increase the safety and well being of children who live in unsafe environments.

Youth Education: through partnerships that prevent and de-escalate situations that contribute to detrimental behaviors, improve academic achievement and an educated work-force while decreasing school dropouts, suspension & expulsion.

Public Safety: By linking CAHSD's systems of care with the criminal justice system so individuals with behavioral health issues can be appropriately identified, assessed, referred & treated and by training law enforcement to deal with this group of individuals, we reduce criminalization of persons with behavioral health disorders by reducing their criminal behaviors.

Transparent, Accountable, and Effective Government: Administration provides support services for seven (7) other activities; Adult & Child Behavioral Health, Developmental Disabilities, Nurse Family Partnership, Prevention & Primary Care, Disaster Response and BH Emergency Services Continuum. The operation of this activity is very economical and efficient and is well below the 10% administrative average. Under this model, three major program offices which still exists in the remaining DHH Regions with separate administrative offices (Mental Health, Addictive Disorders and Developmental Disabilities), are under the direction and management of a single administrative section which combines philosophy in the treatment of the whole individual under one clinic umbrella, reduces needed resources to perform the same/similar tasks, builds competencies through multi-disciplinary staffing and trainings, and creates an environment that drives performance by opening all areas up for recommendations for improvement and innovative ideas from peers, private and public partners, and the consumers/clients (and their representatives) that we serve.

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 Note: Administration establishes strategic goals and objectives, develops policy and procedures, provides direction, training and guidance, and monitors compliance with state and federal regulations, departmental directives, and legislative mandates.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of staff Performance Appraisals conducted in compliance with Civil Service guidelines (LAPAS CODE - New)	Not Available	99%	Not Available	100%	100%	100%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							
K	Percentage of state assets in the Protege system located/ accounted for annually (LAPAS CODE - New)	Not Available	100%	Not Available	100%	100%	100%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							
K	Percentage score on annual Civil Service ISIS Human Resources Data Integrity Report Card (LAPAS CODE - New)	Not Available	97%	Not Available	100%	100%	100%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							
K	Percentage of LaPas indicators that meet target within (+/-) 4.9 % or exceed target (LAPAS CODE - New)	Not Available	89%	Not Available	90%	90%	90%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							
K	Number of findings in Legislative Auditor Report resulting from misappropriation of resources, fraud, theft or other illegal or unethical activity (LAPAS CODE - New)	Not Available	0	Not Available	0	0	0
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							

2. (KEY) By June 30, 2011, through the Developmental Disabilities activity, CAHSD will provide services for persons with developmental disabilities in the least restrictive setting near their home or community and ensure that at least 95% of the persons served will have satisfaction with the services they receive.

State Outcome Goals Link:



Better Health: Our integrated, comprehensive, community based, service delivery system is crucial to decreasing expenditures for inpatient and institutional systems of care. Outcome based, comprehensive case coordination focus on self-management of behavioral challenges and increasing adaptive skills; thereby facilitating independence. Our system includes Positive Behavior Supports and other Capital Area Human Service District services such as Addictions Services, Adult Behavioral Health services, and Children’s Behavioral Health Services which are easily accessible to consumers and cost effective. Psychology consultation, individualized behavioral supports and collaboration with local emergency rooms reduce unnecessary hospitalizations and reliance on long-term care. Support Coordination, Family Supports, and Positive Behavior Supports increase healthy behaviors through access to medical and social supports and provide personal empowerment through preventative health management. Collaboration with and sponsored education to professionals (e.g., physicians, nurses, etceteras), increases awareness of the needs of persons with developmental disabilities, reduces stigma, increases provider capacity, and increases quality of services.

Children's Budget Link: This activity is linked to Objective I.1.b of the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: "Not Applicable"

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): "Not Applicable"

Explanatory Note: This activity reflects the performance of the Developmental Disabilities unit of the Capital Area Human Services District. This section provides case management, assistive supplies, support services and eligibility determination for individuals living with developmental disabilities to avoid out-of-home placement and foster/increase their ability to live independently within the community.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Percentage of those surveyed reporting that they had choice in the services they received (LAPAS CODE - 15703)	75%	94%	75%	75%	75%	75%
The source for the Performance at Continuation Level for FY 2010-2011 is the Office for Citizens with Developmental Disabilities through an independent surveyor.							
S	Percentage of those surveyed reporting they had overall satisfaction with the services received (LAPAS CODE - 15704)	95%	95%	95%	95%	95%	95%



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011

The source for the Performance at Continuation Level for FY 2010-2011 is the Office for Citizens with Developmental Disabilities through an independent surveyor.

S	Percentage of those surveyed reporting regular participation in community activities (LAPAS CODE - 15705)	70%	73%	70%	70%	70%	70%
K	Percentage of those surveyed reporting that the Individual and Family Support services contributed to maintaining themselves or their family member in their own home (LAPAS CODE - 15707)	80%	97%	80%	80%	80%	80%

The source for the Performance at Continuation Level for FY 2010-2011 is the Office for Citizens with Developmental Disabilities through an independent surveyor.

Capital Area Human Services District General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of available cash subsidy slots (LAPAS CODE - 11189)	230	248	246	239	239
Amount of cash subsidy stipend per person per month (LAPAS CODE - 11198)	\$ 258	\$ 258	\$ 258	\$ 258	\$ 258
Number of person determined eligible for MR/DD services, but not yet receiving services (LAPAS CODE - 15712)	295	202	259	24	141

1. This is a new indicator for FY04 and prior year data was not captured.

3. (KEY) By June 30, 2011, through the Nurse Family Partnership activity, CAHSD will expand Nurse Family Partnership intensive home visiting program for first time, low-income mothers from current 15% capacity to 21% capacity.

State Outcome Goals Link:



Safe and Thriving Children and Families: By focusing on low-income, first-time mothers, a vulnerable population that often has limited access to good parenting role models, NFP can help break the cycle of poverty & violence. Empowered, confident mothers become knowledgeable parents who are able to prepare their children for successful futures. Data from the 15 year follow-up study demonstrated a 48% reduction in child abuse and neglect, a 56% reduction in emergency room visits for accidents and poisoning, a 59% reduction in arrests among children and a 72% fewer conviction rate.

Youth Education: Nurses work with mothers to complete their education and provide life coaching for her & her family. Families become more self-sufficient by staying in school, finding employment & planning for future pregnancies.

Better Health: Nurses help mothers find appropriate prenatal care, improve diet, prepare emotionally for arrival of the baby & reduce use of cigarettes, alcohol & illegal substances. After delivery, nurses support mothers in the adjustment to parenthood. Particular attention is paid to breastfeeding support & assessment of postpartal depression. Individualized parent coaching is aimed at increasing awareness of specific child developmental milestones & behaviors, as well as immunizations and well-child exams.

Children's Budget Link: This objective is linked to Objective I.1.a in the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: "Not Applicable"

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): "Not Applicable"

Explanatory Note: NFP's three major goals are to improve pregnancy outcomes by helping women engage in good preventative health practices; improve child health & development by helping parents provide responsible, competent care, and improve economic self-sufficiency of the families by helping parents envision for their future, plan future pregnancies, continue their education and find work.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage reduction in smoking during pregnancy (LAPAS CODE - New)	Not Available	18%	Not Available	20%	20%	20%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							
K	Percentage reduction in experience of violence during pregnancy (LAPAS CODE - New)	Not Available	23%	Not Available	25%	25%	25%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of fully immunized 24 month old toddlers in program (LAPAS CODE - New)	Not Available	94%	Not Available	98%	98%	98%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							
S	Percentage increase in workforce participation for 18 year olds and above from program intake to completion (LAPAS CODE - New)	Not Available	19%	Not Available	20%	20%	20%
S	Number of additional home visits completed with nurses hired January 2011 (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	2,040	2,040

4. (KEY) By June 30, 2011, through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 0-18 years & their families and will ensure that at least 98% of children/adolescents who are admitted for mental health services and 95% admitted for substance abuse are served in their parish of residence.

State Outcome Goals Link:

Safe and Thriving Family: CAHSD services and linkages to community programs address social, cognitive, and developmental needs that contribute to safe homes and self sufficient families.

Better Health: Youth prevention and treatment decreases the percentage of avoidable state government expenditures for acute, behavioral health, disability and/or chronic care that are institutional/inpatient.

Youth Education: The partnership between all CAHSD youth programs prevent and de-escalate behavioral situations and contribute to improved academic achievement and an educated work-force while decreasing school dropouts, suspensions and expulsions.

Public Safety: Criminal activities and victimization can be reduced through youth prevention and interventions targeting substance abuse. Improving knowledge about the harmful effects of substance use related to crime and traffic fatalities along with treatment interventions modify risky behaviors of youth.



Children's Budget Link: This objective is linked to Objective I.1.a of the Children's Budget. This activity supports Act 5 of 1998 [First Extraordinary Session] by utilization of Assertive Community Treatment (ACT) teams in the de-escalation and resolution of potential crisis in the home and preventing out-of-home placement; Interagency Services Coordination (ISC) to bring together state and local service providers (CAHSD, DSS, OCS, FINS, OJJ, school officials, truancy officials) to assess and address the needs of children at risk of out-of-home placement, hospitalization or incarceration; and Family Preservation (FP) teams work with the entire family to strengthen the parent's ability to parent responsibly so that the child may thrive in the home and in school.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by providing access to and provisions of school-based mental health and addictive disorders services to children in their parish of residence.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010, Goal 26: Reduce substance abuse to protect the health, safety and quality of life for all, especially children. TANF: Utilizing TANF funds in cooperation with DSS and OAD, we are now able to provide the treatment services necessary for TANF-eligible women and their children with addictive disorders to maintain a lifestyle free from the harmful effects of addiction. The goals of this TANF program include not only substance abuse treatment for the mother, but family reunification, developmental testing, and safe housing services for the dependent children.

Explanatory Note: This activity reflects the performance of the Children's Behavioral Health Services unit of the Capital Area Human Services District. The multi-specialty staff helps manage the many issues causing or arising from a child's emotional and/or substance use/abuse problems.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of total children/adolescents admitted for mental health services who are served within their parish of residence (LAPAS CODE - 7925)	98%	96%	98%	98%	98%	98%
K	Percentage of total children/adolescents admitted for substance abuse services who are served within their parish of residence (LAPAS CODE - 11142)	95%	96%	95%	95%	95%	95%
K	Percentage increase in positive attitude of non-use of drugs or substances (LAPAS CODE - 15713)	15%	33%	15%	15%	15%	15%
S	Percentage of persons provided services by ACT and Family Preservation reporting that services helped maintain them or their family member in their home; avoiding unnecessary hospitalization or removal (LAPAS CODE - New)	Not Available	93%	Not Available	85%	85%	85%
S	Percentage reduction of problem behaviors (suspension, expulsion and truancy) by providing behavioral health services in the school setting (LAPAS CODE - New)	Not Available	39%	Not Available	40%	40%	40%



Capital Area Human Services District General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of children/adolescents admitted per year who are provided publicly supported behavioral services in their parish of residence (LAPAS CODE - New)	685	404	996	897	1,145
This indicator is listed as new; it combines two existing indicators (mental health and substance abuse) to report as behavioral health as the individual is treated by one licensed professional for all behavioral health needs					
Number of child/adolescents admitted per year for behavioral health services (LAPAS CODE - New)	692	437	1,058	1,023	1,171
This indicator is listed as new; it combines two existing indicators (mental health and substance abuse) to report as behavioral health as the individual is treated by one licensed professional for all behavioral health needs					
Number of parishes with parish-domiciled public behavioral health services for children/adolescents (LAPAS CODE - New)	7	7	7	7	7
This indicator is listed as new; it combines two existing indicators (mental health and substance abuse) to report as behavioral health as the individual is treated by one licensed professional for all behavioral health needs					
Number of child/adolescent substance abuse primary prevention programs offered (LAPAS CODE - 11321)	13	20	19	16	16
Number of parishes in which child/adolescent substance abuse primary prevention programs exist (LAPAS CODE - 11323)	7	7	7	7	7
Primary Prevention Services are available in East Baton Rouge, West Baton Rouge, Ascension, Iberville, East Feliciana, West Feliciana and Pointe Coupee Parishes.					
Percentage of child/adolescent mental health prevalence population served (LAPAS CODE - 15687)	9.5%	9.0%	9.0%	10.0%	12.0%
Total children/adolescents served (LAPAS CODE - New)	1,381	1,243	2,013	2,386	2,619
Average cost per person served in the community (LAPAS CODE - New)	\$ 1,308	\$ 1,549	\$ 1,895	\$ 1,907	\$ 1,734

5. (KEY) By June 30, 2011, through the CAHSD Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addictive Disorders inpatient program.

State Outcome Goals Link:

Better Health: Integration of screening, assessment, & treatment of co-occurring disorders into all clinic programs; provide access to services through immediate screening; uniform criteria to make admission decisions; use Level of Care Utilization System Assessment & American Society of Addiction Medicine's Patient Placement Criteria to determine accurate level of service delivery; effectively moving clients thru needed services; linking individuals to housing, employment & other community services; decreasing emergency room use & hospitalization by use of clinic-based services, mobile/crisis teams, respite, peer support.



Public Safety: Linking CAHSD's system of care with the criminal justice system so individuals with behavioral health issues can be appropriately identified, assessed, referred & treated; conduct Crisis Intervention Training (CIT) classes for law enforcement to reduce criminalization of persons with behavioral health disorders.

Safe and Thriving Children and Families: Through support services such as Women Recovering from Addictions Treatment Program (WRAP), Screening, Brief Intervention, Referral & Treatment (SBIRT) for pregnant females and the Women, Infant & Children's Program; families with children who are in crisis are linked to resources for basic needs, comprehensive behavioral and physical health care; safe alternative and permanent housing, continued or advanced educational opportunities & training and job placement assistance to aid them in becoming self-sufficient.

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): Healthy People 2010, Goal 26: Reduce substance abuse to protect the health, safety and quality of life for all, especially children. TANF: Utilizing TANF funds in cooperation with DSS and OAD, we are now able to provide the treatment services necessary for TANF-eligible women and their children with addictive disorders to maintain a lifestyle free from the harmful effects of addiction. The goals of this TANF program include not only substance abuse treatment for the mother, but family reunification, developmental testing, and safe housing services for the dependent children.

Explanatory Note: This activity reflects the performance of the Adult Behavioral Health Services unit of the Capital Area Human Services District. The multi-specialty staff helps manage the many issues causing or arising from serious mental illness and substance abuse & addictions (i.e. criminal activity, homelessness, unemployment, hospitalization, failed physical health, etc.).

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Percentage of persons served in Community Mental Health Clinics that have been maintained in the community for the past six months (LAPAS CODE - 15681)	98%	98%	98%	98%	98%	98%
S	Annual percentage of adults reporting satisfactory access to services (LAPAS CODE - 15683)	99%	92%	99%	99%	99%	99%
S	Annual percentage of adults reporting positive service quality (LAPAS CODE - 15684)	97%	95%	97%	97%	97%	97%
K	Percentage of clients successfully completing outpatient treatment program (addictive disorders) (LAPAS CODE - 9976)	50%	63%	50%	50%	50%	50%
K	Percentage of persons successfully completing residential addictions (CARP 28 day inpatient) treatment program (LAPAS CODE - 11284)	80%	83%	80%	80%	80%	80%
S	Percentage of adults with major mental illness served in the community receiving new generation medication (LAPAS CODE - 15680)	85%	93%	85%	85%	95%	95%



Capital Area Human Services District General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Total adults served in CAHSD (LAPAS CODE - New)	4,751	4,814	5,856	6,350	6,638
Average cost per person served in the community (LAPAS CODE - New)	\$ 1,308	\$ 1,549	\$ 1,895	\$ 1,907	\$ 1,734
Percentage of adult mental health prevalence population served (LAPAS CODE - 15686)	41%	37%	33%	35%	37%
Number of Community Mental Health Centers operated in CAHSD (LAPAS CODE - 15688)	3	3	3	3	3
1. CAHSD operates two Community Mental Health Centers in East Baton Rouge Parish and one Ascension Parish.					
Percentage of Community Mental Health Centers licensed (LAPAS CODE - 11241)	100.00%	100.00%	100.00%	100.00%	100.00%
Numbers of persons provided social detoxification services (LAPAS CODE - New)	2,413	2,462	2,682	2,497	2,587
Average daily census (Detoxification) (LAPAS CODE - 11241)	40	42	42	42	34
Average length of stay in days (Detoxification) (LAPAS CODE - 11250)	5.00	5.00	5.50	6.10	5.70
Number of beds (Detoxification) (LAPAS CODE - 11297)	42	40	52	40	40
Percentage of positive responses on client survey (Detoxification) (LAPAS CODE - 15700)	Not Available	97%	97%	96%	95%
Number of beds (Inpatient) (LAPAS CODE - 11301)	40	40	40	40	40
Average daily census (Inpatient) (LAPAS CODE - 15698)	39	38	37	38	35
Number of persons provided residential (28 day inpatient) services (LAPAS CODE - New)	576	602	514	529	542
Number of persons provided community-based residential services (LAPAS CODE - New)	372	238	231	260	318
Average daily census (Community-Based Residential) (LAPAS CODE - 15695)	61	58	58	53	55
Number of beds (Community-Based Residential) (LAPAS CODE - 15696)	66	62	65	65	64
Number of persons provided outpatient substance abuse services (LAPAS CODE - New)	2,394	2,000	2,163	3,219	3,366
Number of services provided (Outpatient) (LAPAS CODE - 11294)	42,090	33,500	33,188	32,863	32,752
Number of admissions (Outpatient Compulsive Gambling) (LAPAS CODE - 15691)	82	64	44	84	60
Number of services provided (Outpatient Compulsive Gambling) (LAPAS CODE - 15694)	846	740	533	1,135	1,723



6. (KEY) By June 30, 2011, through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult un/underinsured population and ensure that at least 50% of tobacco cessation group participants will reduce the use of tobacco by 50% or quit the use of tobacco use by the end of the program.

State Outcome Goals Link:

Better Health: Developed a parish specific local system of physical and behavioral health care plan through collaboration with community partners, town hall meetings and client surveys. Recommendations included increased reliance on community based services (referral to FQHCs and others). Facilitated establishment of a primary care clinic at the Ascension Parish Health Unit demonstrating a successful public/private partnership (staffed by St. Elizabeth, Parish of Ascension and CAHSD). Goal of partnership was to make primary care readily accessible and affordable and to ultimately reduce the use of the emergency room for non-emergent care.

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): The social workers provided care management, assistance with basic care needs, (transportation, access to medication, housing, and legal services), health education, referral to tobacco cessation, mental health counseling, and psychosocial assessment. The tobacco cessation model utilized is the Freedom from Smoking Program of the American Lung Association (the mentally ill make up 44% of smokers).

Explanatory Note: Integration of behavioral health and primary care is critical and supported by a review of academic journals which indicates that public behavioral health clients die 25 years earlier due to risky behaviors, the complexity of their medication management, and the lack of care addressing other chronic illness. 41% of our clients have 4+ co-morbid physical health problems. This highly specialized program focuses on connecting the severely mentally ill individual with primary care providers to eliminate and/or improve chronic illnesses, to educate them on the importance of good overall health care (behavioral and physical) and to increase the life expectancy of the individuals receiving services in our public behavioral health clinics.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of new adult admissions in the three largest behavioral health clinics that received a physical health screen (LAPAS CODE - New)	Not Available	82%	Not Available	85%	85%	85%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							
K	Percentage of clients receiving a referral to primary care as a result of the physical health screen (LAPAS CODE - New)	Not Available	21%	Not Available	25%	25%	25%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							
K	Percentage of clients who keep their first primary care appointment (LAPAS CODE - New)	Not Available	77%	Not Available	80%	80%	80%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							
S	Percentage of clients who rate the extent to which they felt better on the client satisfaction survey as strongly agree (LAPAS CODE - New)	Not Available	65%	Not Available	70%	70%	70%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							
S	Percentage of tobacco cessation group participants that reduce use of tobacco by 50% or quit tobacco use by the end of the program (LAPAS CODE - New)	Not Available	Not Available	Not Available	50%	50%	50%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							

7. (KEY) By June 30, 2011, through the Disaster Response activity, CAHSD will deliver targeted communication, supports, and services prior to, during and after and emergency/disaster, and ensure that all 7 parishes under the CAHSD umbrella have updated behavioral health response sections.

State Outcome Goals Link:



Hurricane Protection & Emergency Preparedness: As the lead agency for BH locally, staff is planning and working continuously with DHH, Red Cross, Louisiana Capital Area Volunteer Organizations Active in Disasters, and the 7 parish offices of Homeland Security and Emergency Preparedness year round.

Better Health: During emergency operations, the CAHSD deploys special teams of clinicians to address specific BH needs through a site-specific, multi-disciplinary deployment process developed by CAHSD and acts as community convener and manages deployment and BH response for all public and private providers, and volunteers.

Public Safety & Resource Management: CAHSD created and continues to provide funding for and distribution of an updated emergency services resource guide helping clients to remain stable and to avoid their adding to the burden on first responders and emergency facilities.

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 Note: This program works to prepare and protect clients and the greater community from the impact of an emergency or disaster thru continuous education and outreach messages and to assist them in their own home preparedness plans; enabling them to have their own response developed and ready and thus most able to take care of their own needs independently.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of Medical Special Needs Shelter assigned staff who are trained in required NIMS courses (LAPAS CODE - New)	Not Available	100%	Not Available	100%	100%	100%

This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Number of parishes in CAHSD that have updated behavioral health response sections (LAPAS CODE - New)	Not Available	7	Not Available	7	7	7
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							
S	Percentage of staff assigned to Medical Special Needs Shelter who were successfully contacted during call drill (LAPAS CODE - New)	Not Available	92%	Not Available	95%	95%	95%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							

8. (KEY) By June 30, 2011, through the Behavioral Health Emergency Services Continuum activity, CAHSD will provide a comprehensive community-based continuum of behavioral health (BH) services to prevent, mitigate and avoid repeated cycles of crises to reduce reliance on first responders, emergency departments and acute psychiatric beds and ensure that 100% of all calls received by Access Services during hours of operation are triaged at the time of call and referred for care.

State Outcome Goals Link:

Better Health, Public Safety and Transparent, Accountable, and Effective Government: Notable, components such as the MHERE, CIT, and Medical Case Management, required problem solving by law enforcement, behavioral health/medical treatment providers, and mental health lawyers. Approx. 8,400 individuals annually utilize local EDs in BH crises. This system of care will decrease the need for crisis services and hospitalizations by pre-empting people showing at the EDs due to better access to clinic triage/treatment, fewer being delivered to the hospitals by trained law enforcement (CIT) agents, more intense supervision through the ISC and mobile teams, more informed staff and use of uniform triage and screening tools, and providing observation, assessment and stabilization or discharge into a higher level of care, or referral and linkage to ongoing services in the community at the MHERE. Linkages to medical care providers and housing are crucial to preventing homelessness and avoiding further crises. CIT training curriculum has 19 modules taught by local specialists, at and through CAHSD, to help educate and teach officers about the various issues with addictive disorders, mental health and developmental disabilities. It also has modules on effective communication skills and de-escalation tactics. 22 officers have been trained and the next class is scheduled for June. Local law enforcement agencies in the 7 CAHSD parishes receive 3,350 BH crisis calls and transport 5,300 people in crisis to EDs annually. The goal of the MHERE is to provide a safe, quality care facility to provide rapid assessment, stabilization and informed disposition for adults experiencing a BH crisis into a system of care supporting stability and addressing recidivism.



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 Note: The focus of the continuum is to provide: harm reduction for clients, law enforcement, treatment providers, and transporters; rapid access to urgent care, crisis intervention and stabilization services; training for service partners; coordination and linkage of stakeholders and providers for a cohesive system; humane, essential care; linkage to ongoing care to prevent emergencies and decrease recidivism; cost-effective care and diminished financial losses, and ongoing performance appraisal.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	CAHSD will provide two institutes per year with a goal of training 5% of all police departments and sheriffs offices staff in the District by end of FY2012 (LAPAS CODE - New)	Not Available	5%	Not Available	5%	5%	5%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							
K	Percentage increase of clients transported by law enforcement in behavioral health crisis to the MHERE, and not other emergency departments, from prior fiscal year (LAPAS CODE - New)	Not Available	Not Available	Not Available	5%	5%	5%
This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.							



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of all calls received by Access Services during hours of operation that were triaged at the time of call and referred for care (LAPAS CODE - New)	Not Available	100%	Not Available	100%	100%	100%
K	Percentage of clients referred from the MHERE to CAHSD clinics for aftercare that kept their appointment (LAPAS CODE - New)	Not Available	Not Available	Not Available	50%	50%	50%
K	Percentage of consumers receiving Inter-agency Services Coordination that achieve and maintain residential stability within twelve (12) months (LAPAS CODE - New)	Not Available	Not Available	Not Available	50%	50%	50%

This is a new indicator and no prior year standard was established, however, this data was captured for internal use. The existing performance standard is an estimate of current year end performance for this indicator.



09-303 — Developmental Disabilities Council



Agency Description

The Developmental Disabilities Council is a 28 member, Governor appointed board whose function is to implement the Federal Developmental Disabilities Assistance and Bill of Rights Act (P.L. 106-402) in Louisiana. The focus of the Council is to facilitate change in Louisiana's system of supports and services to individuals with disabilities and their families in order to enhance and improve their quality of life. The Council plans and advocates for greater opportunities for individuals with disabilities in all areas of life, and supports activities, initiatives and practices that promote the successful implementation of the Council's Mission and mandate for systems change.

The mission of the Louisiana Developmental Disabilities Council is to ensure that all individuals with developmental disabilities benefit from supports and opportunities in their communities so they achieve quality of life in conformance with their wishes.

The goal of the Developmental Disabilities Council Program is to effectively implement the Developmental Disabilities Assistance and Bill of Rights Act of 2000 in Louisiana.

The Council, through contracts with agencies, organizations, universities, other state agencies and individuals, funds projects which facilitate advocacy, capacity building and systemic change for individuals with disabilities and their families.

The Developmental Disabilities Council (DDC) has only one program and one activity: Developmental Disabilities Council.

For additional information, see:

[Developmental Disabilities Council](#)

Developmental Disabilities Council Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 713,483	\$ 640,367	\$ 640,367	\$ 553,770	\$ 413,922	\$ (226,445)
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	1,415,746	1,499,894	1,499,894	1,530,479	1,385,115	(114,779)



Developmental Disabilities Council Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Means of Financing	\$ 2,129,229	\$ 2,140,261	\$ 2,140,261	\$ 2,084,249	\$ 1,799,037	\$ (341,224)
Expenditures & Request:						
Developmental Disabilities Council	\$ 2,129,229	\$ 2,140,261	\$ 2,140,261	\$ 2,084,249	\$ 1,799,037	\$ (341,224)
Total Expenditures & Request	\$ 2,129,229	\$ 2,140,261	\$ 2,140,261	\$ 2,084,249	\$ 1,799,037	\$ (341,224)
Authorized Full-Time Equivalents:						
Classified	8	7	7	7	6	(1)
Unclassified	2	2	2	2	2	0
Total FTEs	10	9	9	9	8	(1)



303_1000 — Developmental Disabilities Council

Program Authorization: R.S. 28:750-758; R.S. 36:259(L); P.L. 106-402

Program Description

The mission of the Louisiana Developmental Disabilities Council is to assure that all persons with developmental disabilities receive the services, assistance and other opportunities necessary to enable such persons to achieve their maximum potential through increased independence, productivity and integration into the community. This includes enhancing the role of the family in assisting individuals with developmental disabilities in reaching their full potential.

The goal of the Developmental Disabilities Council Program is to effectively implement the Developmental Disabilities Assistance and Bill of Rights Act of 2000 in Louisiana.

The Council, through contracts with agencies, organizations, universities, other state agencies and individuals, funds projects which facilitate advocacy, capacity building and systemic change for individuals with disabilities and their families.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$413,922	\$1,799,037	8	Developmental Disabilities Council - maintain a council to provide advocacy, capacity building, and systemic change activities that contribute to a community based services for individuals with developmental disabilities.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$413,922	\$1,799,037	8	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Developmental Disabilities Council Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 713,483	\$ 640,367	\$ 640,367	\$ 553,770	\$ 413,922	\$ (226,445)
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	1,415,746	1,499,894	1,499,894	1,530,479	1,385,115	(114,779)



Developmental Disabilities Council Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Means of Financing	\$ 2,129,229	\$ 2,140,261	\$ 2,140,261	\$ 2,084,249	\$ 1,799,037	\$ (341,224)
Expenditures & Request:						
Personal Services	\$ 564,575	\$ 666,860	\$ 668,459	\$ 698,492	\$ 684,086	\$ 15,627
Total Operating Expenses	114,873	137,282	135,683	136,591	135,683	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	1,449,781	1,336,119	1,336,119	1,249,166	979,268	(356,851)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 2,129,229	\$ 2,140,261	\$ 2,140,261	\$ 2,084,249	\$ 1,799,037	\$ (341,224)
Authorized Full-Time Equivalents:						
Classified	8	7	7	7	6	(1)
Unclassified	2	2	2	2	2	0
Total FTEs	10	9	9	9	8	(1)

Source of Funding

This program is funded with State General Fund and Federal Funds. The Federal Funds are from the Federal Developmental Disabilities Grant.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 640,367	\$ 2,140,261	9	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
0	17,281	0	State Employee Retirement Rate Adjustment
0	0	(1)	Personnel Reductions
0	(253)	0	Risk Management
0	(103)	0	UPS Fees
485	485	0	Civil Service Fees
34	34	0	CPTP Fees
Non-Statewide Major Financial Changes:			
(86,597)	(219,111)	0	Reduce funding for contracts. The State General Fund reduction is the annualization of FY 2009-2010 mid-year budget cut. The Federal Funds reduction is due to excess budget authority.
0	2,464	0	Additional funding for the office lease increase



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
0	(1,654)	0	Reduce funding for the Health Insurance
(140,367)	(140,367)	0	Transfer the supported living program to the Office of Aging and Adult Services per Commission on Streamlining Government recommendations
\$ 413,922	\$ 1,799,037	8	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 413,922	\$ 1,799,037	8	Base Executive Budget FY 2010-2011
\$ 413,922	\$ 1,799,037	8	Grand Total Recommended

Professional Services

Amount	Description
	This program does not have funding for Professional Services for Fiscal Year 2010-2011.

Other Charges

Amount	Description
	Other Charges:
\$413,403	Families Helping Families (FHF) Resource Centers - There are nine regional resource centers that provide information and referral, education and training and peer support to individuals and families with disabilities.
\$46,000	Stipend Program - This program provides support to individuals with developmental disabilities and their family members to attend meetings, conferences and other training events. The stipends are available through each Families Helping Families Resource Center.
\$136,250	Louisiana Citizens for Action Now (LaCAN) - This is a grassroots advocacy network of individuals and families who have worked together since 1988 advocating for a service system that supports individuals with disabilities to live in their own homes and for implementation of Louisiana's Community and Family Support System Plan. There are ten regional LaCAN leaders who receive stipends and reimbursement for expenses associated with the dissemination of information about the Community and Family Support System to other parents, individuals with disabilities, professionals and advocates in the community.
\$108,355	Statewide Self-Advocacy Organization - This project is to develop and implement a statewide self-advocacy organization, and to provide support necessary to hold meetings and conduct the business of the statewide group. The organization is made up of and led by self-advocates.
\$76,000	Partners in Policymaking - This is a leadership training program for parents of young children with developmental disabilities and self-advocates. There are eight monthly sessions that provide state-of-the-art training on disability issues to develop the competencies in participants that are necessary for effective advocacy to influence public policy at all levels of government.
\$13,386	Advocacy Center - This contract is for the expenses of the quarterly newsletter that the Council shares with the Advocacy Center and the Human Development Center.
\$60,000	LaTEACH - A program that provides education, training and support for family members of children with disabilities to serve as effective advocates for their children's special education needs
\$42,000	Recreation Training - Provides for a training program for recreation departments throughout the state to increase the inclusion of people with disabilities in recreational activities and opportunities of their choice.



Other Charges (Continued)

Amount	Description
\$20,000	Intern Project - Provides for the training of young adults with disabilities through an internship program in various state agencies and Legislative and Executive Offices.
\$15,000	Inclusive Child Care Project - To provide training and technical assistance to child care providers to increase their knowledge and acceptance of children with disabilities.
\$17,651	Parent Training Program - Provides parents of individuals with disabilities residing in state developmental centers, education and experience of parents whose children have left developmental centers.
\$948,045	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$11,796	Office of Telecommunications Management
\$264	Uniform Payroll Services
\$6,144	Postage
\$136	Comprehensive Public Training Program (CPTP)
\$1,176	Department of Civil Service Fees
\$4,207	Office of Risk Management
\$7,500	LSU printing shop, postage, and other
\$31,223	SUB-TOTAL INTERAGENCY TRANSFERS
\$979,268	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for acquisitions and major repairs for Fiscal Year 2010-2011.

Performance Information

1. (KEY) Through the Developmental Disabilities Council activity, to undertake advocacy, capacity building, and systematic change activities that contribute to a community-based services for individuals with developmental disabilities.

State Outcome Goal Link: The Developmental Disabilities Council mission is consistent with the goal of Better Health.

Children's Budget Link: Not Applicable

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 through funding for training and technical assistance to child care providers to increase their acceptance of children with disabilities. This will directly assist women with children with disabilities who have not been able to have day care for their child because there are currently few day care centers that accept children with disabilities.

Other Link(s): (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010: Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. Population. Goal 18: Improve mental health and ensure access to appropriate, quality mental health services.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of decisions regarding policy and program practices influenced through council involvement. (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	75%
K	Percentage of council plan objectives on target (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	95%

2. (KEY) Through the Developmental Disabilities Council activity, to effectively provide or support information and referral services, education and training for peer to peer support to individuals with disabilities, parents/family members, professionals in each region of Louisiana.

State Outcome Goal Link: The Developmental Disabilities Council mission is consistent with the goal of Better Health.

Children's Budget Link: Not Applicable

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 through funding for training and technical assistance to child care providers to increase their acceptance of children with disabilities. This will directly assist women with children with disabilities who have not been able to have day care for their child because there are currently few day care centers that accept children with disabilities.

Other Link(s): (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010: Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. Population. Goal 18: Improve mental health and ensure access to appropriate, quality mental health services.

Performance Indicators

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of information and referral services provided (LAPAS CODE - 10697)	35,000	48,022	34,000	34,000	40,000	28,000
K	Number of training sessions provided statewide (LAPAS CODE - 21284)	450	284	350	350	350	290
K	Number of individuals provided training statewide (LAPAS CODE - 21285)	7,000	4,521	3,800	3,800	4,000	3,150
K	Number of individuals provided peer to peer support opportunities statewide (LAPAS CODE - 21286)	10,000	15,367	8,600	8,600	13,000	10,250
K	Percentage of individuals who report that they received the information/support that they needed (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	90%

Developmental Disabilities Council General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Percent of funds spent on community living (LAPAS CODE - 14074)	8%	14%	8%	38%	33%
Percent of funds spent on employment activities (LAPAS CODE - 14075)	10%	8%	5%	12%	24%
Percent of funds spent on system coordination (LAPAS CODE - 14076)	82%	77%	87%	49%	43%
Percent of individuals with disabilities assisted (LAPAS CODE - 14077)	30%	11%	52%	54%	54%
Percent of parents/family members of individuals with disabilities assisted (LAPAS CODE - 14078)	35%	56%	33%	30%	35%
Percent of professionals assisted (LAPAS CODE - 14079)	12%	17%	14%	16%	17%
Percent of Families Helping Families Regional Resource Centers maintaining 100% compliance with Developmental Disabilities Council contractual obligations and standards of operation (LAPAS CODE - 21764)	Not Available	100%	100%	100%	100%



09-304 — Metropolitan Human Services District



Agency Description

The mission of the Metropolitan Human Services District (MHSD) is to provide and coordinate, directly and through community collaboration, a range of services to address mental health, addictive disorders, and developmental disability needs among the citizens of Orleans, St. Bernard, and Plaquemines Parishes.

The goals of the Metropolitan Human Services District are:

- I. To provide research-based prevention, early intervention, treatment, and recovery support services to affected citizens and their families.
- II. To coordinate stakeholders actors to provide for a continuum of care across the range of necessary and related services.
- III. To develop and apply metrics that will enable measurement of progress toward specific goals commensurate with the agency's mission.

The Metropolitan Human Services District (MHSD) has one program: Metropolitan Human Services District.

Metropolitan Human Services District Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 22,016,707	\$ 19,760,526	\$ 19,760,526	\$ 18,532,878	\$ 20,034,315	\$ 273,789
State General Fund by:						
Total Interagency Transfers	8,319,524	11,885,424	11,885,424	9,526,854	8,687,312	(3,198,112)
Fees and Self-generated Revenues	645,954	651,133	651,133	596,493	596,493	(54,640)
Statutory Dedications	85,855	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	66,873	1,326,876	1,326,876	1,355,052	1,355,052	28,176
Total Means of Financing	\$ 31,134,913	\$ 33,623,959	\$ 33,623,959	\$ 30,011,277	\$ 30,673,172	\$ (2,950,787)
Expenditures & Request:						
Metropolitan Human Services District	\$ 31,134,913	\$ 33,623,959	\$ 33,623,959	\$ 30,011,277	\$ 30,673,172	\$ (2,950,787)
Total Expenditures & Request	\$ 31,134,913	\$ 33,623,959	\$ 33,623,959	\$ 30,011,277	\$ 30,673,172	\$ (2,950,787)



Metropolitan Human Services District Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



304_1000 — Metropolitan Human Services District

Program Authorization: Act 846 of the 2003 Regular Legislative Session, R.S. 28:865

Program Description

The mission of the Metropolitan Human Services District (MHSD) is to provide and coordinate, directly and through community collaboration, a range of services to address mental health, addictive disorders, and developmental disability needs among the citizens of Orleans, St. Bernard, and Plaquemines Parishes.

The goals of the Metropolitan Human Services District are:

- I. To provide research-based prevention, early intervention, treatment, and recovery support services to affected citizens and their families.
- II. To coordinate stakeholders actors to provide for a continuum of care across the range of necessary and related services.
- III. To develop and apply metrics that will enable measurement of progress toward specific goals commensurate with the agency's mission.

The Metropolitan Human Services District (MHSD) program represents the division of administration within Metropolitan Human Services District. This division includes administration, management, finance, human resources, quality assurance, medical management, intergovernmental relations with the State of Louisiana, City of New Orleans, St. Bernard, and Plaquemines Parishes. The MHSD program includes three main activities: Developmental Disabilities, Addictive Disorders, and the Adult, Families, and Children Community Based Mental Health.

Care Management/Administration – MHSD will implement a care management system that bridges the current gap between inpatient and outpatient behavioral health (BH) services, assessing the consumer's broad needs, planning and linking the individual to resources to assure access to medical and BH care, and partnering with other community based providers to increase consumer choice around housing and other supportive services. This work will be supported by creating and administrative structure that is efficient, equitable, effective/evidence-based, patient centered, safe and timely.

Developmental Disabilities – This activity focuses on providing cost effective community based services and supporting the continued de-institutionalization of individuals with developmental disabilities. Examples of these supports can include: identification of work and supports to maintain work, assisting with maintaining a household, such as paying bills, and assisting with learning hobbies.

Adult Behavioral Health Services – This activity focuses on improving the coordination of services across the continuum of care for adults with behavioral health problems. MHSD will re-design the current clinic based delivery system so that mental health (MH) and addictive disorder (AD) services are integrated for the clients. MHSD will focus its efforts on working with the hand-off between the inpatient and outpatient settings and ensuring that the necessary transitional services available for these high risk clients. And, third, MHSD will expand the services available to clients as it begins to build out the continuum of care.



Children’s Behavioral Health Services – This activity focuses on improving the coordination of services across the continuum of care for children and youth with behavioral health problem. As MHSD move toward community based care that is part of a larger continuum of care, it will initially focus its services at the beginning of the continuum-prevention. MHSD will continue its successful work in prevention by expanding the number of its community contractors that deliver evidence based practices, particularly around substance abuse. MHSD will also work closely with the future State Office of Behavioral Health to further define and refine the continuum of care available for children, adolescents and their families.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$13,665,918	\$20,891,266	0	Adult Behavioral Health Services - Provide services that focus on early intervention and recovery supports to adult behavioral health consumers.
\$3,147,530	\$4,984,657	0	Care Management/Administration - Provides management and oversight of services provided in Orleans, St. Bernard, and Plaquemines parishes.
\$384,253	\$1,847,135	0	Children's Behavioral Health Services - Provides a continuum of care for children and youth that centers on prevention and early intervention supports to consumers with behavioral health disorders.
\$2,836,614	\$2,950,114	0	Developmental Disabilities - Provides supports and services in home and community based settings to meet the needs of individuals with developmental disabilities and their families.
		188	NON T.O. FTE Ceiling Recommended for FY 2010-2011
\$20,034,315	\$30,673,172	188	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Metropolitan Human Services District Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 22,016,707	\$ 19,760,526	\$ 19,760,526	\$ 18,532,878	\$ 20,034,315	\$ 273,789
State General Fund by:						
Total Interagency Transfers	8,319,524	11,885,424	11,885,424	9,526,854	8,687,312	(3,198,112)
Fees and Self-generated Revenues	645,954	651,133	651,133	596,493	596,493	(54,640)
Statutory Dedications	85,855	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	66,873	1,326,876	1,326,876	1,355,052	1,355,052	28,176
Total Means of Financing	\$ 31,134,913	\$ 33,623,959	\$ 33,623,959	\$ 30,011,277	\$ 30,673,172	\$ (2,950,787)
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0



Metropolitan Human Services District Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Operating Expenses	5,212,701	4,299,586	5,299,586	5,466,393	4,729,680	(569,906)
Total Professional Services	0	0	0	0	0	0
Total Other Charges	25,738,916	29,140,813	28,140,813	24,544,884	25,943,492	(2,197,321)
Total Acq & Major Repairs	183,296	183,560	183,560	0	0	(183,560)
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 31,134,913	\$ 33,623,959	\$ 33,623,959	\$ 30,011,277	\$ 30,673,172	\$ (2,950,787)
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. The Interagency Transfers are from the Office for Citizens with Developmental Disabilities, the Office for Addictive Disorders, the Office of Mental Health, the Office of Public Health, and Medical Vendor Payments - Title XIX. The Fees and Self-generated Revenues are from the collection of fees for services provided to clients who are not eligible for Medicaid services. Federal Funds are from collection of fees for services provided to Medicare eligible clients and from the Shelter Plus Grant. The Statutory Dedication listed is from the Overcollections Fund. (Per R.S. 39:36B. (8), see table below for a listing of expenditures out of each Statutory Dedication Fund.)

Metropolitan Human Services District Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Overcollections Fund	85,855	0	0	0	0	0

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 19,760,526	\$ 33,623,959	0	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
309,714	395,292	0	State Employee Retirement Rate Adjustment



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
0	(183,560)	0	Non-Recurring Acquisitions & Major Repairs
36,598	36,598	0	Risk Management
9,115	9,115	0	Legislative Auditor Fees
890	890	0	UPS Fees
1,882	1,882	0	Civil Service Fees
(572)	(572)	0	CPTP Fees
Non-Statewide Major Financial Changes:			
(1,146,338)	(1,231,467)	0	Annualization of Executive Order BJ 09-21FY10 mid-year budget reductions to contractual services, travel, and pharmaceuticals.
0	850,924	0	Increase in Interagency Transfer agreement with the Office for Addictive Disorders
0	28,176	0	Increase in federal funds for the Shelter Care Plus grant.
1,062,500	1,062,500	0	Funding provided as an investment into additional community-based mental health services, including Assertive Community Teams/Forensic Assertive Community Teams and an Intensive Care Management System.
0	(753,964)	0	Reduction in Substance Abuse Prevention and Treatment (SAPT) block grant funding from the Office for Addictive Disorders.
0	(2,917,822)	0	Reduction of budget authority to the Louisiana Public Health Institute (LPHI) grant to match budgeted expenditures.
0	(54,640)	0	Reduction of budget authority to the fees to match anticipated fees to be collected from the Medical Center of Louisiana New Orleans (MCLNO).
0	(18,020)	0	Reduction of budget authority due to the redistribution of the Screening, Brief Intervention, and Referral to treatment (SBIRT) grant to match budgeted expenditures.
0	(44,831)	0	Reduction of budget authority due to the redistribution of the Projects for Assistance in Transition from Homelessness (PATH) grant to match budgeted expenditures
0	(76,500)	0	Decrease in IAT agreement with the Office of Citizens with Developmental Disabilities.
0	(54,788)	0	Reduction of budget authority due to the redistribution of block grant funding as well the realignment of School Based Health program to match budgeted expenditures.
\$ 20,034,315	\$ 30,673,172	0	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 20,034,315	\$ 30,673,172	0	Base Executive Budget FY 2010-2011
\$ 20,034,315	\$ 30,673,172	0	Grand Total Recommended

Professional Services

Amount	Description
	This agency has no funding for Professional Services in FY2010-2011.



Other Charges

Amount	Description
	Other Charges:
\$14,014,233	Salaries and related benefits for staff
\$11,452,482	Funding to support mental health, substance abuse and developmental disabilities services
\$25,466,715	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$7,683	Payments to the Division of Administration for Uniform Payroll Services
\$3,636	Payments to the Division of Administration - Comprehensive Public Training Program
\$215,185	Payments to the Division of Administration - Office of Risk Management
\$39,853	Payments to the Legislative Auditor
\$22,076	Payments to the Department of Civil Service
\$188,324	Miscellaneous Commodities and Services
\$476,757	SUB-TOTAL INTERAGENCY TRANSFERS
\$25,943,472	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.

Performance Information

- (KEY) By June 30, 2011 through the Case Management/Administration activity, MHSD will provide access, engagement and coordination of care for the behavioral health (addictive disorders (AD) and mental health (MH) populations) by ensuring that at least 50% of contracted services are active participants in the Care Management Program.**

State Outcome Goals Link:

Better Health - The Care Management system shall bridge the gap between inpatient and outpatient behavioral health services, assessing the consumer's broad needs, planning and linking the individual to resources to assure access to medical and behavioral health care, partnering with other community based providers to increase consumer choice around housing and supportive services, and will decrease the chances of more expensive institutional setting system. This work will be supported by creating an administrative structure that is efficient, equitable, and effective/ evidence - based, patient centered, safe, and timely. Without that, the likelihood of poor resource allocation is higher resulting in setbacks to community based activities. The Care Center staff will have the ability to coordinate care from one level of care to another or one setting to another, therefore resulting in improved access to services, intermediate level of care, and ultimately an increased in ambulatory follow up. In addition access to care will be increased through the continuation of programs currently funded by the Primary Care Access & Stabilization Grant (PCASG) including a mobile outreach unit for lower parts of Plaquemines and St. Bernard Parishes, client transportation program and the use of peer support specialist to encourage consumers to engage in their treatment.

Children's Budget Link : Services for children are linked via the Children's Budget to the Children's Cabinet.



Human Resource Policies Beneficial to Women and Families Link: Not - Applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010 , Goal 6: Promote the health of people with disabilities , prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population.

Explanatory Note: MHSD will use evidence-based purchasing strategies to support this activity, including: community based service delivery and governance; continuums of care that provide choice; and coordinated case management for individuals and families at high risk for poor health and mental health outcomes. Using the crossing the Quality Chasm's framework, MHSD will implement a Care Center and the necessary administration to support it that has been shown to achieve substantial improvement in healthcare quality. These six evidence-based strategies include: (a) Implementing an administrative structure that is effective, providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit. (b) Through the establishment of the Care Center and the continuum of care, providing care that is patient-centered and respectful of a responsive to individual patient preferences, needs and values. (c) Providing timely care that reduces waits and sometimes harmful delays for those who receive care. (d) Running an efficient administration that avoids waste, and including waste of equipment, supplies, ideas and energy. (e) Providing care through the contracting of community based services and the continuum of care that is equitable, and does not vary in quality because of personal characteristics such as gender, ethnicity, geography or socioeconomic status. (f) Providing an environment that is safe, for the patient and the staff (IOM, 2001). Implementing a continuum of care that comes from these evidence-based strategies and uses that purchasing strategies above will result in cost efficiencies that can then be reinvested in more services, resulting in more choice for the clients. Stroll (1996) found that: Costs of providing a continuum of care appear to be less that for traditional service delivery patterns. And continuums of care result in the avoidance of costs within a variety of systems by reducing the use of facilities and programs.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		K	Percentage of clients in compliance with ambulatory follow - up 30 days after hospitalization (LAPAS CODE - New)		Not Available	Not Available	Not Available
		This is a new performance Indicator for FY 2010 - 2011 and there is no year-end performance standard or prior year data available for FY 2008 - 2009.					
K	Percentage of contracted services that are active participants in Care Management Program (LAPAS CODE - New)		Not Available	Not Available	Not Available	50%	50%
		This is a new performance Indicator for FY 2010 - 2011 and there is no year-end performance standard or prior year data available for FY 2008 - 2009.					



2. (KEY) By June 30, 2011 through the Developmental Disabilities activity, MHSD will provide person and family centered planning, supports and services in home and community based settings to meet the needs of 400 individuals with developmental disabilities and their families and ensure that consumer evaluations reflect at least an 80% satisfaction level.

State Outcome Goals Link: Better Health

Children's Budget Link: Services for children are linked via the Children's Budget to the Children's Cabinet.

Human Resources Policies Beneficial to Women and Families Link: Not Applicable.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010, Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population.

Explanatory Note: Since the 1980s, there has been an increasing trend toward providing person-centered approaches to working with people with developmental disabilities. The guiding principles of this framework are: focus on the person; invite participation from people who know the person best; allow the funding of services to be controlled by the person and/or significant others; supports should be based on choice and the needs of the person; promote and guide the person into activities to avoid isolation, and promote community inclusion, participation, and independence; promote the community to meet the needs of the needs of the individuals with disabilities and provide services to consumers for a strengths perspective focusing on ability not disability. Finally, individuals and families report the greatest satisfaction with services if they are respected as the primary decision makers of their supports and services. The research has also shown that individuals with developmental disabilities are just as vulnerable to the full range of mental disorders including personality disorders, mood disorders, anxiety disorders, addictive disorders, as the general population. Therefore, it is imperative that MHSD work towards the integration of services across the distinct disciplines to promote holistic and comprehensive support and service planning when individual with intellectual disabilities are also faced with co-occurring MH/AD disorders. The research has shown that individual with significant behavioral health needs also generally exhibit very significant behavioral challenges that place them at greater risk for abuse, neglect, exploitation, mistreatment, and repeated hospitalizations, including psychiatric or general health. These are the individuals who are the most difficult to support in the community and required the highest level of coordination and collaboration across service sectors and agencies. They are the individuals who are the greatest risk for becoming involved with the criminal justice system, of being incarcerated, at risk for dropping out of school, of unemployed or underemployed, at risk for long term institutionalization. References: Brown and Maire (2007) A Comprehensive Guide to Intellectual and Developmental Disabilities. Holburn & Vietze (2002) Person-centered planning: Research, practice, and future directions.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Total unduplicated count of people receiving state - funded developmental disabilities community - based services (LAPAS CODE - 21002)	500	470	400	400	400	400
K	Total number of individuals who apply for Developmental Disabilities Services (LAPAS CODE - 22194)	150	253	150	150	150	150
K	Number of consumers receiving cash subsidies (LAPAS CODE - 22317)	125	138	75	75	75	75
K	Number of individual agreements with consumers (LAPAS CODE - 22319)	150	301	150	150	150	150
K	Percentage of consumers who indicate satisfaction services received from MHSD staff as is reflected in consumer evaluations (LAPAS CODE - 22320)	80%	85%	80%	80%	80%	80%

3. (KEY) By June 30, 2011, through the Adult Behavioral Health Services activity, MHSD will provide a continuum of care that is patient centric /evidence based focused on early intervention and recovery supports to 9,500 adult behavioral health consumers resulting in an increase in clients that receive treatment, complete treatment and a 98% rate of clients maintained in the community for the past six months.

State Outcome Goal: Better Health

Children's Budget Link: Services for children are linked via the Children's Budget to the Children's Cabinet.

Human Resources Policies Beneficial to Women and Families Link: Not Applicable.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010, Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population.



Explanatory Note: MHSD will use evidence-based purchasing strategies to support this activity, including: community based service delivery and governance; continuums of care that provide choice; and coordinated case management for individuals and families at high risk for poor health and mental health outcomes. The integration of MH/AD services will be based on the conceptual framework for treatment developed by the MASMHPD-NASADAD Task Force in 2002. It will be flexible, cost-effective, client-centered and evidence-driven. To make integration of patient's MH/AD care services the norm, MHSD will establish clinically effective linkages within its own clinics and between providers of MH/AD treatment. The necessary communication and interaction will take place with the patient's knowledge and consent and will be fostered by: routine sharing of information on patients for co-morbid MH/AD in MHSD's community based clinical setting and reliable monitoring of the progress (IOM 2002). This approach will lead to higher rates of success in treatment retention and completion. To facilitate the delivery of coordinated care by expanding the use of supportive services, MHSD will improve the coordination of their clinic services with those of other human services agencies, and move toward establishing referral arrangements and contracts for needed services (IOM 2002). In order to achieve these outcomes, MHSD will base its continuum of care on the character traits of highly effective care systems. Service delivery will be closely coordinated for clients with co-occurring disorders, creating a seamless system of care for the consumer, and it will be community based. The system will be consumer-centered and culturally competent, where consumers and their families play active and key roles in system design and individual treatment decisions. The treatment will be based on the individual consumer needs. Depending on the severity of the co-occurring illness, the level of coordination between MH/AD professional staff may range from consultation (i.e., a telephone request), to collaboration (i.e., interagency staffing conferences), to integration (i.e., the full range of services for both MH/AD is provided by the same group of professionals at the same time) (Coker, et al 2004).

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of clients successfully completing outpatient treatment program (LAPAS CODE - 21018)	45%	51%	45%	45%	45%	45%
K	Percentage of clients continuing treatment for 90 days or more (LAPAS CODE - 21019)	40%	40%	40%	40%	40%	40%
S	Total persons served in Community Mental Health Centers (CMHC) area-wide (Region 1) (LAPAS CODE - 21007)	8,698	10,375	8,698	8,698	9,500	9,500
K	Percentage of persons served in Community Mental Health Center (CMHC) that have been maintained in the community for the past six months (LAPAS CODE - 21008)	97.00%	97.00%	98.00%	98.00%	98.00%	98.00%



Metropolitan Human Services District General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Total number of adults receiving mental health services (LAPAS CODE - 21013)	Not Available	5,331	7,562	693	898
Total number of participants in community-based employment (LAPAS CODE - 21016)	83	18	18	524	501
Total number of outpatient admissions (LAPAS CODE - 21017)	3,014	Not Available	757	1,894	1,737

4. (KEY) By June 30, 2011, through the Children's Behavioral Health Services activity, MHSD will work as part of the State Office's children's continuum of care that centers on prevention and early intervention supports by providing services to 2,300 consumers with behavioral health disorders resulting in an increase in clients that receive prevention and school - based behavioral health services in the community.

State Outcome Goal: Better Health

Children's Budget Link: Services for children are linked via the Children's Cabinet

Human Resource Policies Beneficial to Women and Families Link: Not - Applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010, Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population.

Explanatory Note: All of the strategies MHSD will use in this activity are evidence based. And by their very definition, evidence-based practices are interventions for which there is consistent scientific evidence showing that they improve client outcomes (Drake et al., 2001). In recent years there has been significant research around the effectiveness of implementing evidence based and community based services through the continuum of care framework. According to Cook (2004), a review of the literature on the impact of continuums of care suggests that: (a) service delivery systems change; and (b) children with MH disorders experience modest improvement in symptomatology and functioning. There is a large body of literature supporting the fact that children's AD prevention services should be community based and focused on the adolescent population. It is much better to prevent young people from starting to use drugs than entering at a later stage and helping them give up drugs (United Nations 2002). SAMHSA has made a significant financial investment in continuums of care for children, and claims participants in their grantee programs (2006) boast the following outcomes: Mental health improvements were sustained for 18 months by 90% of the children. Suicide-related behaviors were significantly reduced by 32%. Juvenile detention center placements decreased 43% from entry into continuum of care to 18 months after entering. School attendance increased with 84% of children in continuum of care attending school regularly after 18 months of entering. School achievement increased 21% with 75% of children passing after 18 months in SOC. Although these results seem impressive, it is important to note that designing a system of this magnitude and implementing it takes a very long time (Pires 2002). Thus, MHSD



has started with small, logical pieces. For AD, MHSD is beginning at the front end of the continuum through prevention, and requiring that the services be community based and evidence based because that works. For MH, MHSD is proposing to coordinate MH service and primary care services at school-based clinics by partnering with other providers. As the years progress, MHSD will continue to build out the system, using cost savings and efficiencies from each of these activities to re-invest in the next part of the continuum.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of prevention and treatment contract providers delivering evidenced based programs (LAPAS CODE - 22315)	10	10	11	11	11	11
K	Total number of children receiving mental health services through school based services (LAPAS CODE - 22322)	3,000	3,030	1,500	1,500	3,000	3,000
	This is a new performance indicator for FY 2008-09, therefore there is no prior year data or existing performance standard. This is a new performance indicator for FY 2008-09. The number provided is an estimate.						
K	Number of children receiving behavioral health services within the community (LAPAS CODE - 22323)	500	2,436	500	500	2,500	2,500
	This is a new performance indicator for FY 2008-09, therefore there is no prior year data or existing performance standard. This is a new performance indicator for FY 2008-09. The number provided is an estimate.						



09-305 — Medical Vendor Administration

Agency Description

The mission of Medical Vendor Administration is to respond to the health needs of Louisiana's citizens by developing, implementing, and enforcing administrative and programmatic policy with respect to eligibility, licensure, reimbursement and monitoring of health care services, in concurrence with federal and state laws and regulations.

The goals of Medical Vendor Administration are:

- I. To improve health outcomes by emphasizing primary care and reducing the number of uninsured persons in Louisiana.
- II. To expand existing community-based services and to develop additional services as an alternative to institutional care.
- III. To ensure cost effectiveness in the delivery of health care services by using efficient management practices and maximizing revenue opportunities.
- IV. To assure the integrity and accountability of the health care delivery system in an effort to promote the health and safety of Louisiana citizens.
- V. To streamline work processes and increase productivity through technology by expanding the utilization of electronic tools for both the providers and the Medicaid Administrative staff.

Agency 09-305 Medical Vendor Administration and 09-306 Medical Vendor Payments, which follows, constitute the Bureau of Health Services Financing (BHSF). The Bureau of Health Services Financing falls within the Department of Health and Hospitals, which is the single Medicaid agency for the state of Louisiana. BHSF exists to furnish access to innovative, cost effective and quality health care to Medicaid recipients and other Louisiana citizens. The Bureau assures access to medically necessary services in the most appropriate setting and at the most appropriate level of care, while honoring choice.

Medical Vendor Administration includes the following human resources policies that are helpful and beneficial to women and children: the Family Medical Leave Policy (8108-93), the Sexual Harassment Policy (8143-02), and the Equal Employment Opportunity Policy (8116-77). In addition, flexibility in work schedules and the availability of Dependent Day Care Spending Accounts assist both women and their families.

Medical Vendor Administration has one program: Medical Vendor Administration.

For additional information, see:

[Medical Vendor Administration](#)

Medical Vendor Administration Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 72,283,726	\$ 81,525,379	\$ 81,625,379	\$ 85,808,384	\$ 78,049,659	\$ (3,575,720)
State General Fund by:						
Total Interagency Transfers	774,780	2,005,000	2,005,000	2,005,000	0	(2,005,000)
Fees and Self-generated Revenues	2,087,402	2,416,223	2,416,223	2,583,846	2,515,641	99,418
Statutory Dedications	778,941	6,373,391	6,373,391	6,394,295	6,397,902	24,511
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	110,347,259	159,325,434	159,623,705	173,673,355	174,655,246	15,031,541
Total Means of Financing	\$ 186,272,108	\$ 251,645,427	\$ 252,043,698	\$ 270,464,880	\$ 261,618,448	\$ 9,574,750
Expenditures & Request:						
Medical Vendor Administration	\$ 186,272,108	\$ 251,645,427	\$ 252,043,698	\$ 270,464,880	\$ 261,618,448	\$ 9,574,750
Total Expenditures & Request	\$ 186,272,108	\$ 251,645,427	\$ 252,043,698	\$ 270,464,880	\$ 261,618,448	\$ 9,574,750
Authorized Full-Time Equivalents:						
Classified	1,248	1,261	1,261	1,261	1,225	(36)
Unclassified	1	2	2	2	2	0
Total FTEs	1,249	1,263	1,263	1,263	1,227	(36)



305_2000 — Medical Vendor Administration

Program Authorization: The Constitution of Louisiana (1974) Article 12, Section 8, declares that the Legislature may establish a system of economic and social welfare, unemployment compensation, and public health. Louisiana Revised Statutes 36:251 et seq., and Louisiana Revised Statute 46:976 give the Louisiana Department of Health and Hospitals (DHH) Secretary authority to direct and be responsible for the Medical Assistance Program, Title XIX of the Social Security Act, and the Children's Health Insurance Program (CHIP), Title XXI of the Social Security Act, and the authority to act as the sole agent of the state or, in necessary cases, designate one of the offices within the department or its assistant secretary to cooperate with the federal government and with other state and local agencies in the administration of federal funds granted to the state or directly to the department or an office thereof to aid in the furtherance of any function of the department or its offices, including funding for the Medical Assistance Program and funding for CHIP.

Program Description

The mission of the Medical Vendor Administration Program is to administer the Medicaid program and ensure that operations are in accordance with federal and state statutes, rules and regulations.

The goals of the Medical Vendor Administration Program are:

- I. To process claims from Medicaid providers within state and federal regulations.
- II. To process Medicaid applications within state and federal regulations.
- III. To license and survey health care facilities providing services to Louisiana citizens.
- IV. To enroll and provide health care coverage for uninsured children.

The Medical Vendor Administration Program has the following activities:

- **Medicaid Reform / Managed Care** – Includes planning, development, implementation and ongoing for two new Medicaid managed care models.
- **Health Standards** - Enforces state licensing standards and federal certification regulations through licensing and certification surveys of health care providers. It reviews and investigates complaints made in connection with health care facilities and imposes civil monetary penalties on non-compliance health care providers. In addition, this activity coordinates the MDS and OASIS data sets submitted by nursing homes and home health agencies and administers the certified nurse aide and direct service worker registries.
- **Operations** - Responsible for day to day operations of the Medicaid program in relation to reimbursement and coverage of services. It also develops and implements initiatives to assure efficient and effective provision of medical services of adequate quality to recipients. This activity is responsible for calculating hospital outlier payments, disproportionate share adjustment payments, and cost settlements.
- **Monitoring** - Administers Medicaid reimbursements to Long Term Care providers (i.e., nursing homes, Program All Inclusive Care for the Elderly (PACE), Adult Residential Care, Adult Day Health Care (ADHC), Hospice, Medicaid Administrative Claiming and Direct Services) in compliance with federal and state regulations. This activity also manages accountability of provider expenditures in compliance with federal and state regulations.

- Eligibility - Processes applications and renewals, develops and implements policies and procedures for statewide utilization, manages the Medicaid recovery efforts and administers premium assistance efforts, administer the LaCHIP program, serves as public information outlet through the website and develops and maintains the mainframe eligibility system. This activity also conducts Medicaid Eligibility Quality Control reviews and implements corrective action to assure the integrity and accuracy of eligibility decisions.
- Pharmacy Benefits Management - oversees operation and policy development of the Medicaid pharmacy program regarding coverage of pharmaceutical services and their reimbursement. It consists of the of the following components:
 - Pharmacy provider network; formulary incentives; claims management; clinical interventions; drug utilization review; pharmaceutical manufacture rebates, policy development; pharmacy provider audits; disease management; outcomes management reporting; recipient lock-in program; and a provider help desk.
- Executive Administration – includes the functions of the Medicaid Director’s office and Financial Management and Operations.

For additional information, see:

Medical Vendor Administration

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$16,131,208	\$35,989,923	11	Medicaid Reform - Managed Care - This will transition Medicaid from a fee-for-service program to a managed care program.
\$9,193,167	\$22,642,817	217	Health Standards - Responsible for licensing and certifying health care facilities for participation in Medicare and Medicaid.
\$8,919,144	\$74,300,135	82	Operations - Responsible for overseeing the day-to-day operations of the Medicaid program
\$4,480,073	\$20,467,140	33	Monitoring - This ensures that Medicaid expenditures are in compliance with federal and state regulations.
\$27,398,214	\$78,612,971	848	Eligibility - This manages local offices that process applications, develops and implements policies and procedures for utilization, administers LaCHIP, etc.
\$4,174,810	\$8,349,620	11	Pharmacy Benefits - This oversees operations and policy of the Medicaid pharmacy program.
\$7,753,043	\$21,255,842	25	Executive Administration - This includes the functions of the Medicaid Director's office, and Financial Management and Operations.
		23	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$78,049,659	\$261,618,448	1,250	Grand Total of Activities Recommended including Non T.O. FTE Ceiling



Medical Vendor Administration Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 72,283,726	\$ 81,525,379	\$ 81,625,379	\$ 85,808,384	\$ 78,049,659	\$ (3,575,720)
State General Fund by:						
Total Interagency Transfers	774,780	2,005,000	2,005,000	2,005,000	0	(2,005,000)
Fees and Self-generated Revenues	2,087,402	2,416,223	2,416,223	2,583,846	2,515,641	99,418
Statutory Dedications	778,941	6,373,391	6,373,391	6,394,295	6,397,902	24,511
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	110,347,259	159,325,434	159,623,705	173,673,355	174,655,246	15,031,541
Total Means of Financing	\$ 186,272,108	\$ 251,645,427	\$ 252,043,698	\$ 270,464,880	\$ 261,618,448	\$ 9,574,750
Expenditures & Request:						
Personal Services	\$ 81,634,489	\$ 86,983,164	\$ 84,472,122	\$ 88,644,871	\$ 89,789,193	\$ 5,317,071
Total Operating Expenses	10,139,692	11,575,742	11,575,742	11,692,606	12,190,741	614,999
Total Professional Services	72,109,235	120,868,015	121,068,015	135,891,626	127,676,286	6,608,271
Total Other Charges	20,192,965	32,184,780	32,383,051	33,646,168	30,804,348	(1,578,703)
Total Acq & Major Repairs	2,195,727	33,726	33,726	589,609	1,157,880	1,124,154
Total Unallotted	0	0	2,511,042	0	0	(2,511,042)
Total Expenditures & Request	\$ 186,272,108	\$ 251,645,427	\$ 252,043,698	\$ 270,464,880	\$ 261,618,448	\$ 9,574,750
Authorized Full-Time Equivalents:						
Classified	1,248	1,261	1,261	1,261	1,225	(36)
Unclassified	1	2	2	2	2	0
Total FTEs	1,249	1,263	1,263	1,263	1,227	(36)

Source of Funding

The Medical Vendor Administration Program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, Statutory Dedications, and Federal Funds. The Interagency Transfers are from the Department of Social Services for claims processing through Unisys and a Social Services Block Grant for the Coordinated Care Management Program for at risk children. Fees & Self-generated Revenues are derived from licensing and certification fees from non-state owned facilities, licensing of Controlled Dangerous Substances, third party liability collections, and a competitive grant award from the Robert Wood Johnson Foundation. Statutory Dedications represent funding received from the Health Trust Fund, the Louisiana Health Care Redesign Fund, the Medical Assistance Program Fraud Detection Fund, the Nursing Home Residents' Trust Fund and the New Opportunities Waiver Fund. (Per R.S. 39.36B. (8), see table below for a listing of expenditures out of each Statutory Dedicated Fund.) Federal Funds include Title XVIII funding for the inspection and



certification of health care facilities participating in the Medicare program; Federal match for providing services related to the Medicaid program; a federal grant to pay for Payment Accuracy Measurement Study; funds for the survey and certification activities for health care facilities participating in Title XIX; funding for the Clinical Laboratory Improvement Amendments (CLIA) of 1988; and a grant which supports state efforts to enhance employment options for people with disabilities.

Medical Vendor Administration Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Nursing Home Residents' Trust Fund	\$ 203,342	\$ 143,870	\$ 143,870	\$ 170,263	\$ 153,381	\$ 9,511
Medical Assistance Program Fraud Detection	0	1,500,000	1,500,000	1,500,000	1,515,000	15,000
Health Trust Fund	1,949	2,056	2,056	2,056	2,056	0
Louisiana Health Care Redesign Fund	0	2,842,000	2,842,000	2,842,000	2,842,000	0
New Opportunities Waiver (NOW) Fund	0	1,885,465	1,885,465	1,879,976	1,885,465	0
Overcollections Fund	573,650	0	0	0	0	0

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 81,625,379	\$ 252,043,698	1,263	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
4,852	13,482	0	Civil Service Training Series
750,360	1,927,712	0	State Employee Retirement Rate Adjustment
884,069	2,115,815	0	Salary Base Adjustment
(131,451)	(306,481)	0	Attrition Adjustment
(1,239,452)	(2,977,138)	(40)	Personnel Reductions
492,605	984,880	0	Acquisitions & Major Repairs
(16,863)	(33,726)	0	Non-Recurring Acquisitions & Major Repairs
(100,000)	(398,271)	0	Non-recurring Carryforwards
13,597	27,194	0	Risk Management
17,168	34,336	0	Rent in State-Owned Buildings
1,928	4,071	0	Maintenance in State-Owned Buildings
(2,553)	(5,106)	0	UPS Fees
(25,838)	(51,676)	0	Civil Service Fees
(4,573)	(9,146)	0	CPTP Fees
Non-Statewide Major Financial Changes:			



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
0	2,626,127	0	Increases expenditure authority for a 100% federal Emergency Room grant award aimed at reducing the number of non-emergency use of emergency rooms. This is in the Managed Care activity.
0	30,000	0	Funding for National Association of Medicaid Program Integrity Conference in New Orleans. This is in the Monitoring activity.
137,673	1,376,730	0	Funding for administrative planning of the incentive payments to providers available from the ARRA for Health Information Technology which is a 100 percent Federal match for Medical Vendor Payments. A 10 percent state match is required for the administrative planning. This is in the Managed Care activity.
0	173,088	0	Funding for federal match for DSS eligibility verifications. This is in the Eligibility activity.
0	38,725	0	Funding for increase in Medicaid Administrative claims due to 2 additional school districts being added. The districts are Recovery School District and St. Tammany School District. This program reimburses Local Education agencies for outreach to both Medicaid recipients and potential Medicaid recipients. This is in the Monitoring activity.
(6,000,000)	0	0	Means of financing substitution replacing State General Fund with Federal funds. This realignment is based on actual collections of federal funds. This is in the Eligibility activity.
0	40,776	0	Funding for administrative costs of Primary Care Access Stabilization Grant. This is in the Executive Administration activity.
105,329	135,654	3	Funding for three positons that are being transferred from DSS for adult residential care licensing per ACT 381 of the 2009 Regular Session. This is in the Health Standards activity.
1,651	3,302	0	Funding for criminal background checks for employees. This is in the Operations activity.
1,250,000	2,500,000	0	Annualization of Radiology Utilitization Management program - This is for an additional 6 months of funding. This annualization will generate an additional \$2.2 million in State General Fund savings for Medical Vendor Payments in FY 11. This is in the Operations activity.
(48,916)	(97,832)	0	Decrease funding to reflect savings from office closures and Work@Home. This is a recommendation of the Streamlining Commission. This is in the Eligibility activity.
1,553,457	3,106,913	0	Funding for Coordinated Care Initiatives. This is in the Managed Care activity.
11,625	30,000	0	Funding for the Office of State Fire Marshall Contract - additional surveys are being required by CMS in the 2009 Mission and Priority Document. This is in the Operations activity.
450,000	1,800,000	0	Provide new HIPAA Electronic Transaction Standards required by federal government. Internal testing should begin on January 1,2010 and external testing will begin on January 1,2011. This is in the Operations activity.
630,642	1,261,284	0	Primary Care Case Management (PCCM) - Due to increased enrollment. This will increase costs even though the per member per month cost is decreasing. This is in the Managed Care activity.
373,818	747,635	0	Funding for Mercer actuarial services. This is in the Managed Care activity.
0	(2,000,000)	0	Non-recurs funding for a Social Services Block Grant. This is in the Eligibility activity.
0	1,061,856	0	Annualizes funding for the second year of a four-year competitive grant award from the Robert Wood Johnson Foundation aimed at increasing the number of eligible children enrolled in LaChip and Medicaid by reducing barriers to employment. This is in the Eligibility activity.
(5,278,770)	(12,469,898)	0	Annualizes FY 10 mid-year cuts resulting from Executive Order 09-21 which include a Unisys claim line adjustment, a Chronic Care Management reduction, and an Administrative Service Organization reduction. This is in the Operations activity.



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
144,136	573,543	0	Funding to implement the International Classification of Diseases 10 (ICD-10) HIPAA coding system used to code and classify morbidity data. This is in the Operations activity.
5,000	0	0	Means of financing substitution to replace funds that were being received from Department of Social Services. These funds are for using the Unisys System to pay claims. This is in the Eligibility activity.
81,324	162,648	0	Funding for Case mix contract - Rate and Audit review. This is in the Monitoring activity.
39,031	78,061	1	Funding for Plan reviews positions in the Health Standards section. This is in the Health Standards activity.
1,912,431	6,246,192	0	Funding for operation of a Dual Fiscal Intermediary for Medicaid claims processing system. Received 6 months of funding in FY 10. This is in the Operations activity.
412,000	824,000	0	Funding to contract with a private firm to handle Third Party Liability claims. The expenditures covered by this contract have increased due to various factors (e.g. the filing limit to bill insurance carriers have increased to thirty-six months). Collecting insurance payments from these private insurers is expected to generate \$29 million of revenue in FY 11. This is in the Eligibility activity.
\$ 78,049,659	\$ 261,618,448	1,227	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 78,049,659	\$ 261,618,448	1,227	Base Executive Budget FY 2010-2011
\$ 78,049,659	\$ 261,618,448	1,227	Grand Total Recommended

Professional Services

Amount	Description
\$1,391,940	Audits of Title XIX Reimbursement to Hospitals, Rural Health Clinics and Federally Qualified Health Centers
\$1,948,124	Audits of Title XIX Reimbursement to Long-term Care Facilities
\$75,000	Audit Consultant for the Individual Client Assessment Profiles (ICAP) assessment
\$56,212,725	Fiscal Intermediary Contract (includes inflation adjustment)
\$15,438,185	KIDMED, Early Periodic Screening and Diagnostic Treatment (EPDST) services and CommunityCARE management contract
\$1,388,232	Independent Validation and Verification (IV & V) contract
\$91,954	Training, public education and analytic support regarding the Medicaid Buy-In program, as well as other technical training and workshops and programmers to maintain the programs on the Health Standards mainframe
\$2,050,817	Provision of Title XIX, non-emergency, non-ambulance medical transportation for Medicaid patients
\$96,946	Nurse Aide Registry from the Board of Examiners for Nursing Facility Administrators
\$1,467,384	Nursing Home case mix design and development
\$792,312	Pharmacy Prior Authorization and Formulary services



Professional Services (Continued)

Amount	Description
\$262,208	Various services, including empirical data, interpretation, TIS development, assistive technology, Level of Care Eligibility Tool (LOCET), LOCET Validation and Maintenance, review psyc evaluations, work incentive workshops for the disabled, development of integrated applications, NF LOC Screener and Care Tracker
\$450,000	School Based Direct Services
\$58,880	IV & V for LA LOCET
\$974,577	Third Party Liability collections process development and implementation
\$1,451,423	Maintenance and support services for the Medicaid Eligibility Data System (MEDS)
\$1,110,000	Survey Utilization Review (SURS) Statistician
\$19,500	Training and technical assistance to Long Term Care facilities for the special health needs of ventilator dependent children
\$42,000	Design and develop a prospective case rate reimbursement methodology for inpatient hospital acute services using diagnosis related groups (DRGs)
\$96,000	Direct Care Worker Registry
\$5,000	Medical exams for the indigent
\$258,000	Medical Review Physicians, Psychiatrists and Psychologists - Disability determinations
\$200,000	Dispensing study
\$88,550	IT Consultant, Reform workgroup facilitator, Medicaid Infrastructure Grant consultant, and an IBM AS/400 Programmer
\$610,000	Legal fees associated with appeals of disallowances
\$250,000	Upgrade two automation efforts; a 24-hour renewal hotline for enrollees and an online application for use by certified Application Centers
\$60,555	Family Opportunity Program
\$350,170	DSH payments audit contracts
\$975,000	Coordinated Care Network (CCN), formerly known as Provider Service Network (PSN)
\$1,500,000	Disease Management Program for Behavioral Pharmaceuticals Program, including PDAs
\$370,391	Additional programming hours for MEDS
\$3,355,220	NOW waivers (2,400) added and increase in SRI prior authorization contract
\$500,000	Outsourcing Waiver Monitoring from Agy 306
\$400,000	Uniform Provider Reporting System (UPRS)
\$5,159,320	Health Care Reform Transition
\$5,000,000	Radiology Utilization Management Program
\$1,383,448	Robert Wood Johnson Max Enroll
\$3,000,000	Fraud and Abuse
\$1,284,000	La Health Care Quality Forum
\$4,705,144	Emergency Room Diversion Grant
\$10,000,000	Phase 2 of InterQual
\$2,626,127	Emergency Room Diversion Grant
\$177,154	Behavioral Health Contracts
\$127,676,286	TOTAL PROFESSIONAL SERVICES



Other Charges

Amount	Description
Other Charges:	
\$1,034,865	Reimbursement to the over 450 Medicaid Enrollment Centers statewide at the current rate of \$14 per completed application
\$160,000	Social Security Administration field offices for Supplemental Security Income (SSI) assignment of rights and third party liability information collection
\$6,500	IRS Computer Matching Agreement - provides tax information on unearned income to help in administering the Title XIX program
\$242,500	Hepatitis B vaccine for Nursing Home employees who work with residents
\$3,745	Various services, including employment development/shredding, LA Nurses Association and Kathleen Baker
\$200,000	Nurse Aide Training
\$185,245	Out-of-state training to keep employees advised of current federal regulations, mandates and changes in protocols / out-of-state airplane tickets
\$176,217	In-state training to keep employees advised of current federal regulations, mandates and changes in protocols / Greyhound bus tickets purchased for Medicaid recipients who must travel a significant distance for medical treatment
\$7,915	Cultural speakers nationally recognized to speak about culture changes in Louisiana Nursing Homes.
\$1,374	Travel for Medicaid Pharmaceutical & Therapeutics Committee Members
\$192,515	In-State Surveyor
\$7,223	Federal Express and professional shorthand reporters
\$3,500	One Source Toxicology
\$816,000	Ventilator Assisted Program
\$587,120	Medicaid coverage to low income, non-working disabled individuals
\$1,000,000	Utilization Management - claims processing system edits
\$101,964	Healthcare Reform Transition -
\$101,964	Coordinated Care Management Program for at risk children
\$895,000	Mandated UCC Audits
\$66,928	Behavioral Health
\$421,706	Managed Care Initiatives
\$25,276	MaxEnroll Initiative to increase LaCHIP enrollment
\$33,276	ARRA Health Information Technology Administration
\$3,302	Criminal Background checks
\$40,776	PCASG Grant
\$6,314,911	SUB-TOTAL OTHER CHARGES
Interagency Transfers:	
\$120,000	Office of Public Health - Vital Records Registry
\$4,807,236	University of La - Monroe - Pharmaceutical and Therapeutic Committee, Pharmacy Program consultants
\$5,136,329	University of New Orleans - Computer Training and Support
\$270,000	Department of Public Safety - State Fire Marshall Inspections
\$974,040	Tulane University - Dr. Thompson - Expert psychiatric review
\$222,204	Department of Civil Service - Civil Service Fees
\$684,980	LSU School of Dentistry - Survey Utilization Review (SURS)
\$1,168	Division of Administration - Commodities/Administrative services
\$81,750	LSU - Office of Sponsored Research - Survey for Medicaid Infrastructure Grant



Other Charges (Continued)

Amount	Description
\$120,793	LSU Office of Sponsored Research - Survey on the effectiveness of LaCHIP on the uninsured
\$1,816,331	Office of Group Benefits - Separate SCHIP TPA and premium pay
\$120,000	Department of Social Services - Office of Family Support - DHH/DSS Co-housed Units
\$495,482	Division of Administration - Forms management, postage and printing
\$566,344	Division of Administration - Payment of Risk Management premiums
\$2,084,946	Division of Administration - Payment for rent in State-owned buildings
\$233,281	Division of Administration - Payment for maintenance of State-owned buildings
\$44,284	Division of Administration - Treasury Fees
\$59,515	Division of Administration - UPS Fees
\$25,741	Division of Administration - Comprehensive Public Training Program (CPTP) Fees
\$117,687	Division of Administration - Office of Computing Services
\$1,743,675	Division of Administration - Office of Telecommunications Management
\$30,220	Department of Labor - Workforce Development: Unemployment
\$12	Division of Administration - Laundry
\$150,000	DHH - Office of the Secretary - Governor's Program on Physical Fitness
\$202,458	Office of Public Health - Immunizations
\$286,116	Office of Public Health - Influenza vaccine, medical supplies and pneumonia vaccine
\$3,485,994	Local Education Agencies (LEA) - Medicaid match for administrative functions related to School Based Administrative Claiming Services
\$425,763	Money Follows the Person (MFP) transferred to OAAS & OCDD
\$10,000	DSS National Disability Employment Awareness job fairs
\$173,088	DSS Eligibility Verifications
\$24,489,437	SUB-TOTAL INTERAGENCY TRANSFERS
\$30,804,348	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$980,880	IT Infrastructure for processing applications
\$3,000	Internal Classifications of Diseases - 10 upgrade
\$4,000	Primary Care Access Stabblization Grant workstation
\$30,000	ARRA HIT Admin
\$140,000	MCCI
\$1,157,880	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

- (KEY) Through the Medicaid Managed Care activity, to perform all federally mandated administrative activities required for Medicaid managed care programs Primary Care Case Management (PCCM), new CommunityCARE Plus enhanced (PCCM), and new comprehensive pre-paid managed care plans.**

State Outcome Goals Link: Better Health.



Children's Budget Link: Not Applicable

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Link(s) (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2008-2009	FY 2008-2009	FY 2009-2010	FY 2009-2010	FY 2010-2011	FY 2010-2011
K	Percentage of CommunityCARE enrollees who select a provider (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	50%	35%
S	Percentage of prepaid managed care enrollees who select a health plan (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	35%	35%
S	Percentage of PCCM Providers Receiving ARRA incentive payments for meaningful use of electronic health records (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	25%	25%

2. (KEY) Through the Medicaid Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely.

State Outcome Goals Link: Better Health.

Children's Budget Link: Not Applicable

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of applications for Pregnant Women approved within 5 calendar days (LAPAS CODE - New)	Not Applicable	83%	Not Applicable	Not Applicable	80%	80%
K	Percentage of Errors Identified through Medicaid Eligibility Quality Control process - review of negative case actions (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3%	3%

3. (KEY) Through the Eligibility activity, to inform, identify and enroll eligibles into LaCHIP/Medicaid by processing applications & annual renewals timely and to improve access to health care for uninsured children through the LaCHIP Affordable Plan.

State Outcome Goals Link: Better Health.

Children's Budget Link: In general, child/adolescent services identified in this budget unit are indirectly linked to the Children's Cabinet via the Children's Budget. The Children's Budget reflects funding and expenditures for a broad range of Medicaid services for children under 21 years of age.

Human Resource Policies Beneficial to Women and Families Link: This will provide access to medical care for children (birth through 18 years of age) living below 200% of the Federal Poverty Level.

Other Link(s) (TANF, Tobacco Settlement, Workforce Development Commission, or Other): The Governor's Healthcare Reform Panel for improving healthcare in Louisiana, linked to Medical Vendor Administration as follows: Objective A-3, Reduce the number of uninsured children in Louisiana-identify, informs, and enroll uninsured children in the publicly funded health coverage programs (Medicaid, LaCHIP) for which they are eligible.

Explanatory Note: Title XIX of the Social Security Act is a program of national health assistance funded by the federal government and the states. The program covers low-income individuals and their families who are aged, blind or disabled, and members of families with dependent children. Title XXI allow states to expand coverage of Medicaid health assistance to children who live in families with incomes up to 200% of the federal poverty level (FPL). This objective is being modified to remove reference to "living below 200% of FPL," due to certain income disregards which are allowed for the determination of eligibility. Due to these income disregards, it is sometimes possible that children living in families with incomes above 200% of FPL are determined to be eligible for coverage under Title XIX and Title XXI.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Number of children potentially eligible for coverage under Medicaid or LaCHIP (LAPAS CODE - 21778)	761,330	770,653	770,653	770,653	770,653	754,868
	The previous performance standard for PI Code 10014, which was the driver for many of the other indicators in this objective was based on the best available data. This data was based on census estimates and the first version of the Louisiana Health Insurance Survey (LHIS) conducted by the LSU Policy Research Lab in SFY04. Both of these instruments only looked at the number of children in households that registered with the census as having incomes less than 200% of the Federal Poverty Level (FPL). However, Medicaid and LaCHIP eligibility regulations (i.e. definition of household composition not including step-parents or kin-caregivers and income disregards and deductions, such as earned income, child care payments, child support, etc.) allow children in households above 200% FPL to be enrolled and potentially eligible for these programs. Consequently, the department has asked LSU to expand their second version of the LHIS to take these factors as well as the known under representation of people on public programs claiming as such in surveys into account.						
S	Number of children enrolled as Title XXI eligibles - LaCHIP (LAPAS CODE - 2241)	118,053	126,657	132,096	132,096	123,030	118,086
S	Number of children enrolled as Title XIX eligibles - traditional Medicaid (LAPAS CODE - 2242)	497,779	547,876	557,167	557,167	571,399	630,808
K	Total number of children enrolled (LAPAS CODE - 10013)	676,683	674,533	689,263	689,263	694,429	748,912
K	Percentage of potential children enrolled (LAPAS CODE - 2240)	96.7%	94.6%	93.0%	93.0%	95.0%	95.0%
S	Number of eligible children remaining uninsured (LAPAS CODE - 21779)	103,623	50,935	50,395	50,395	50,395	44,350
	The name of this indicator was modified for clarity. The indicator was formerly named "Number of children remaining uninsured". The current name, as modified, more accurately reflects the data being captured. It maintains its method of calculation of LaPAS Code #21778 minus LaPAS Code #10013.						
K	Average cost per Title XXI enrolled per year (LAPAS CODE - 10016)	\$ 1,575	\$ 1,595	\$ 1,688	\$ 1,688	\$ 1,781	\$ 1,781
K	Average cost per Title XIX enrolled per year (LAPAS CODE - 10017)	\$ 2,286	\$ 2,413	\$ 2,524	\$ 2,524	\$ 2,635	\$ 2,635
K	Percentage of procedural closures at renewal (LAPAS CODE - 17038)	1.3%	0.9%	1.3%	1.3%	1.0%	1.0%
	This indicator was initially set to monitor procedural closures. Due to the implementation of stringent business processes that required workers to make more attempts to reach a recipient prior to closing a case and also required a supervisor's review, there is a marked reduction in the percentage of procedural closures.						



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of applications for LaCHIP & Medicaid programs for children approved within 10 calendar days (LAPAS CODE - New)	Not Applicable	78%	Not Applicable	Not Applicable	75%	75%
S	Percentage of calls received through the Medicaid & LaCHIP hotlines who hold for a representative less than 3 minutes (LAPAS CODE - New)	Not Applicable	54%	Not Applicable	Not Applicable	60%	60%
K	Estimated percentage of children potentially eligible for coverage under Medicaid or LaCHIP who remain uninsured (LAPAS CODE - New)	Not Applicable	5%	Not Applicable	Not Applicable	5%	5%
S	Estimated number of children potentially eligible for coverage under Medicaid or LaCHIP who remain uninsured (LAPAS CODE - New)	Not Applicable	50,395	Not Applicable	Not Applicable	50,395	44,350

4. (KEY) Through the Eligibility activity, to explore third party sources responsible for payments otherwise incurred by the state.

State Outcome Goals Link: Better Health.

Children's Budget Link: Not Applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of TPL claims processed (LAPAS CODE - 2215)	6,305,000	5,743,095	6,305,000	6,305,000	6,305,000	6,305,000
The "Number of TPL claims processed" refers to the portion of these claims requiring processing for which third party insurance or Medicare coverage was actually available/applicable.							
K	Percentage of TPL claims processed through edits (LAPAS CODE - 7957)	100.00%	99.21%	100.00%	100.00%	100.00%	100.00%
The "Percentage of TPL claims processed through edits" is the percent of TPL claims processed for which the Bureau of Health Services Financing reduced payments, or avoided the full Medicaid payment.							
S	TPL trauma recovery amount (LAPAS CODE - 7958)	\$ 8,700,000	\$ 12,401,910	\$ 13,000,000	\$ 13,000,000	\$ 135,000,000	\$ 135,000,000
S	Funds recovered from third parties with a liability for services provided by Medicaid (LAPAS CODE - New)	Not Applicable	\$ 47,222,015	Not Applicable	Not Applicable	\$ 61,700,000	\$ 61,700,000

Medical Vendor Administration General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of recipients eligible for program (eligibles) (LAPAS CODE - 12024)	1,099,915	1,129,798	1,140,065	1,131,357	1,223,453
Number of program recipients (LAPAS CODE - 17036)	1,104,937	1,132,255	1,121,205	1,119,484	1,173,121
Average number of eligibles per month (LAPAS CODE - 17037)	959,241	992,988	954,546	991,425	1,080,513
Average number of recipients per month (LAPAS CODE - 12025)	875,796	855,872	821,544	853,155	897,342
Number of applications taken annually (LAPAS CODE - 12026)	416,193	383,752	378,739	323,732	342,136
Number of application centers (LAPAS CODE - 12027)	440	539	530	415	529
Number of claims available for TPL processing (LAPAS CODE - 12021)	65,665,735	61,461,934	58,675,332	65,529,083	74,380,207
Percentage of TPL claims processed and cost avoided (LAPAS CODE - 12022)	9.3%	10.3%	9.7%	9.6%	7.7%
The "Percentage of TPL claims processed and cost avoided" is the number of TPL claims processed divided by the total number of claims.					



5. (SUPPORTING) Through the Executive Administration activity, to administer the Medicaid program and ensure that operations are in accordance with federal and state statutes, rule, and regulations.

State Outcome Goals Link: Better Health.

Children's Budget Link: Not Applicable

Human Resource Policies Beneficial to Women and Families Link: Not Applicable

Other Link(s) (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Administrative cost as a percentage of total cost. (LAPAS CODE - New)	Not Applicable	3%	Not Applicable	Not Applicable	7%	7%

Medical Vendor Administration General Performance Information

Performance Indicator Name	Performance Indicator Values					
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009	
Percentage of State Plan amendments approved. (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	82%	82%	
Number of State Plan amendments submitted. (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	33	33	

6. (KEY) Through the Health Standards activity, to perform at least 90% of required state licensing and at least 95% of complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid.

State Outcome Goals Link: Better Health.

Children's Budget Link: Not Applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of complaint investigations conducted within 30 days after receipt by the Health Standards section of Medical Vendor Administration (LAPAS CODE - 16533)	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
K	Percentage of abuse complaint investigations conducted within two days after receipt by the Health Standards section of Medical Vendor Administration (LAPAS CODE - 16534)	97.0%	98.0%	97.0%	97.0%	97.0%	97.0%
K	Percentage of licensing surveys conducted (LAPAS CODE - 16535)	50.0%	50.7%	30.0%	30.0%	50.0%	50.0%

Medical Vendor Administration General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Total number of facilities (unduplicated) (LAPAS CODE - 12031)	3,516	5,148	4,570	7,896	8,181
Number of licensing surveys conducted (LAPAS CODE - 16536)	1,767	1,607	1,772	1,959	1,846
Number of certified facilities (LAPAS CODE - 12032)	2,346	2,324	2,274	5,988	5,628
Number of licensed facilities (LAPAS CODE - 12033)	2,248	4,268	3,722	3,772	4,023
Number of facilities out of compliance (LAPAS CODE - 10009)	640	677	673	820	927
Number of facilities terminated (LAPAS CODE - 10011)	6	17	68	36	20
Percentage of facilities out of compliance (LAPAS CODE - 10012)	23.1%	15.5%	18.2%	10.4%	11.3%
Number of facilities sanctioned (LAPAS CODE - 10010)	358	275	504	307	405
<p>Prior Year Actual FY 2005-2006 are corrected numbers. After the beginning of SFY 2006, the Health Standards Section inherited the annual licensing workload of seven (7) provider groups as a result of legislation that transferred these provider groups from the Department of Social Services and the former Bureau of Community Support and Services. Although these provider groups were added to the spreadsheet which tracks reporting data for this performance indicator, the formula was corrupt. Unfortunately, the discrepancy was not detected until now.</p>					



7. (KEY) Through the Monitoring activity, to reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to school systems/boards participating in the Medicaid School-Based Administrative Claiming Program.

State Outcome Goals Link: Better Health.

Children's Budget Link: Not Applicable

Explanatory Note: These Performance Indicators relate to the monitoring and evaluation of the participating School Boards. Information on services provided would be included in the Operational Plan of the Department of Education.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of waiver participants whose services are monitored (LAPAS CODE - 10618)	500	891	843	843	843	843
S	Number of School Boards quarterly claims targeted for monitoring (LAPAS CODE - 13375)	68	67	68	68	67	67
S	Percent of targeted School Boards monitored (LAPAS CODE - 13376)	95.0%	105.9%	95.0%	95.0%	95.0%	95.0%

Medical Vendor Administration General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of claims adjusted as a result of monitoring activities (LAPAS CODE - 16539)	67	49	52	31	38
Amount identified as over claimed as a result of monitoring (LAPAS CODE - 16540)	\$ 453,767	\$ -338	\$ -1,991	\$ -1,422	\$ 930
Prior Year Actual FY 2005-2006 reflects audit results which lead to increased payments to some Local Education Agencies/School Boards.					

8. (KEY) Through the Operations activity, to operate an efficient Medicaid claims processing system, to increase the number of patients receiving community based mental health services and to reduce the number of High Tech Radiology Services.

State Outcome Goals Link: Better Health.



Children's Budget Link: Not Applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of total claims processed within 30 days of receipt (LAPAS CODE - 2219)	98.0%	100.0%	98.0%	98.0%	98.0%	98.0%
S	Average processing time in days (LAPAS CODE - 2217)	9.0	8.8	9.0	9.0	9.0	9.0
K	Percentage of Medicaid claims processed within 30 days of receipt (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	96%	96%
K	Percentage reduction in the number of High Tech Radiology Services (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	15%	15%

Medical Vendor Administration General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Total number of claims processed (LAPAS CODE - 12020)	66,180,281	68,812,342	64,914,447	75,988,577	84,524,974
The "Total number of claims processed" is a number over which the Bureau of Health Services Financing has no control; it represents all claims that are submitted by billing entities.					

9. (KEY) Through the Pharmacy Benefits Management activity, to develop, implement and administer the Medicaid pharmacy outpatient program.

State Outcome Goals Link: Better Health.

Children's Budget Link: Not Applicable.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage (%) of Total Scripts PDL Compliance (LAPAS CODE - New)	Not Applicable	93%	Not Applicable	Not Applicable	90%	90%



09-306 — Medical Vendor Payments

Agency Description

The mission of Medical Vendor Payments is to respond to the health needs of Louisiana's citizens by developing, implementing, and enforcing administrative and programmatic policy with respect to eligibility, licensure, reimbursement and monitoring of health care services in the state, in concurrence with federal and/or state laws and regulations.

The goals of Medical Vendor Payments are:

- I. To improve health outcomes by emphasizing primary care and reducing the number of uninsured persons in Louisiana.
- II. To expand existing and to develop additional community-based services as an alternative to institutional care.
- III. To ensure cost effectiveness in the delivery of health care services by using efficient management practices and maximizing revenue opportunities.
- IV. To assure the integrity and accountability of the health care delivery system in an effort to promote the health and safety of Louisiana citizens.
- V. To implement measures that will constrain the growth in Medicaid expenditures while improving services and to secure alternative sources of funding for health care in Louisiana.

Agency 09-306 Medical Vendor Payments and 09-305 Medical Vendor Administration constitute the Bureau of Health Services Financing (BHSF). The Bureau of Health Services Financing falls within the Department of Health and Hospitals, which is the single Medicaid agency for the state of Louisiana. BHSF exists to provide innovative, cost effective and quality health care to Medicaid recipients and Louisiana citizens. It provides medically necessary services in the most appropriate setting and at the most appropriate level of care, while honoring choice.

The Medical Vendor Payments Program uses Tobacco Settlement Funds as a means of financing. These funds are used in the Department of Health and Hospitals to partially cover the cost of providing medically necessary services to Medicaid eligible recipients. Major activities include inpatient and outpatient hospital services, intermediate care facilities for the mentally retarded and nursing homes. Appropriations from the Louisiana Fund and the Health Excellence Fund represent approximately 0.6% of the appropriation for Payments to Private Providers.

The services provided by Medical Vendor Payments in support of Act 1078 of 2003 that are beneficial to women and families include:

- Low Income Families and Children Program (LIFC)
- CommunityCARE Program (links Medicaid recipients to primary care physician)
- Child Health and Maternity Program (CHAMP)

- Home and Community Based Waiver Services
- Breast and Cervical Cancer Program
- Louisiana Children's Health Insurance Program (LaCHIP)
- Early and Periodic Screening, Diagnosis and Testing Program (EPSDT/KIDMED)
- Provision of medically necessary health care to eligible population

Medical Vendor Payments Program includes the following four programs: Payments to Private Providers, Payments to Public Providers, Medicare Buy-Ins and Supplements, and Uncompensated Care Costs (UCC) Payments.

The Private Providers Program has the following activities:

- Medicaid Care Initiatives - Medicaid care models that will transition Medicaid from a fee for service delivery system to a coordinated system of care.
- Primary and Preventive Care – includes Family Planning, Federally Qualified Health Centers, Rural Health Clinics, Physicians, Early and Periodic Screening, Diagnosis and Treatment, and Hospital-Outpatient.
- Community-Based Services (in avoidance of Hospitalizations) – includes Case Management, Durable Medical Equipment, Home Health, Early and Periodic Screening, Diagnosis and Treatment, and Outpatient- Hospital.
- Community-Based Long Term Care for Persons with Developmental Disabilities – aims to return people with Developmental Disabilities from nursing homes to the community and convert existing private Intermediate Care Facilities for the Developmentally Disabled community homes to waiver shared living homes.
- Community-Based Long Term Care for the Elderly and Disabled – provides community-based long-term care to elders and adults with disabilities through 3 Medicaid waiver programs and the Long Term Personal Care Services (LTPCS) program.
- Behavioral Health – includes Mental Health Inpatient and Mental Health Rehabilitation.
- Specialty Care Services – medical services that are rendered by the physicians and other medical providers who have completed advanced medical education and clinical training in a specific area of medicine.
- Support Services – includes Lab & X-Ray, Pharmacy, Transportation – Non-Emergency Ambulance and Transportation - Non-Emergency Non-ambulance.
- Emergency Care Services – specialty services in which a physician or health care provider renders treatment to patients with acute illnesses or injuries that require medical attention.
- Inpatient hospitalization – includes Hospital-Inpatient, Certified Respiratory Nurse Anesthetists, and Physicians.
- Institutional Based Long Term for Persons with Developmental Disabilities – to provide homes for the long-term care of developmental disabled recipients.

- Institutional Based Long Term for the Elderly and Disabled – consists of nursing homes that provide long-term and rehab care to persons needing 24-hour nursing.
- Hospice – an alternative treatment approach for the terminally ill consisting of palliative care and support for the family.

Public Providers consists of a sole activity to provide access to care through safety net providers that provide services not readily available in the private sector.

Medicare Buy-Ins and Supplements has the following activities:

- Medicare Savings Program for Low-Income Seniors and Persons with Disabilities - pays Medicare premiums for low-income seniors and individuals with disabilities which limits responsibility of the state Medicaid agency to payment of only those services not covered by Medicare.
- Clawback – This provision of Medicare requires that states pay back most of their savings from the Medicare Part D program for prescription drugs to the Medicare program to help pay for the Part D coverage for low-income beneficiaries.
- LaCHIP Affordable Plan (LAP) (Phase V) – provides coverage to uninsured children in families who earn 200-250% of the Federal Poverty level.
- Louisiana Health Insurance Premium Payment (LaHIPP) Program – a premium assistance program offered by Louisiana Medicaid that pays some or all of the health insurance premiums for an employee and his/her family if he/she has insurance available through an employer and a member of the family is already enrolled in Medicaid.

Uncompensated Care Costs (UCC) consists of a sole activity to encourage hospitals and other providers to provide access to medical care for the uninsured and reduce the reliance on their State General Fund by collecting disproportionate share payments from UCC.

The Recovery Fund Program supports a single activity, the Primary Care Access Stabilization Grant. The Primary Care Access and Stabilization Grant (PCASG) is a three-year, \$100 million grant for eligible outpatient clinics in DHH Region 1 (New Orleans metro area) to be used for payments to eligible primary care clinics, including primary mental health care, to help stabilize and expand primary healthcare access in the Greater New Orleans neighborhoods that were not adequately served as a result of Hurricane Katrina.

For additional information, see:

[Medical Vendor Payments](#)

Medical Vendor Payments Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 1,158,230,748	\$ 1,031,364,758	\$ 1,038,003,899	\$ 1,317,454,589	\$ 1,162,239,970	\$ 124,236,071
State General Fund by:						
Total Interagency Transfers	11,491,469	12,012,091	12,012,091	14,372,909	14,876,912	2,864,821
Fees and Self-generated Revenues	5,766,082	10,000,000	10,000,000	10,000,000	10,000,000	0
Statutory Dedications	245,146,058	280,048,944	324,772,519	324,772,519	561,235,997	236,463,478
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	4,972,766,818	4,953,905,747	5,138,578,987	4,676,377,916	4,403,288,674	(735,290,313)
Total Means of Financing	\$ 6,393,401,175	\$ 6,287,331,540	\$ 6,523,367,496	\$ 6,342,977,933	\$ 6,151,641,553	\$ (371,725,943)
Expenditures & Request:						
Payments to Private Providers	\$ 4,418,354,328	\$ 4,250,768,471	\$ 4,438,768,471	\$ 4,503,413,489	\$ 4,229,877,742	\$ (208,890,729)
Payments to Public Providers	793,426,654	803,883,592	803,883,592	813,752,134	939,187,852	135,304,260
Medicare Buy-Ins & Supplements	293,303,462	333,439,782	333,439,782	395,309,650	395,203,207	61,763,425
Uncompensated Care Costs	845,284,654	881,312,398	929,348,354	612,575,363	581,291,942	(348,056,412)
Recovery Funds	43,032,077	17,927,297	17,927,297	17,927,297	6,080,810	(11,846,487)
Total Expenditures & Request	\$ 6,393,401,175	\$ 6,287,331,540	\$ 6,523,367,496	\$ 6,342,977,933	\$ 6,151,641,553	\$ (371,725,943)
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



306_1000 — Payments to Private Providers

Program Authorization: The Constitution of Louisiana (1974) Article 12, Section 8, declares that the Legislature may establish a system of economic and social welfare, unemployment compensation, and public health. Louisiana Revised Statutes 36:251 et seq., give the Louisiana Department of Health and Hospitals (DHH) Secretary authority to direct and be responsible for the Medical Assistance Program, Title XIX of the Social Security Act, and the authority to act as the sole agent of the state or, in necessary cases, designate one of the offices within the department or its assistant secretary to cooperate with the federal government and with other state and local agencies in the administration of federal funds granted to the state or directly to the department or an office thereof to aid in the furtherance of any function of the department or its offices, including funding for the Medical Assistance Program, Title XIX of the Social Security Act. Authority is also given by the Balanced Budget Act of 1997 (BBA) (Public Law 105-33), as amended by recent technical amendments (Public Law 105-100, signed into law on November 19, 1997).

Program Description

The mission of the Payments to Private Providers Program is to administer the Medicaid Program to ensure operations are in accordance with federal and state statutes regarding medically necessary services to eligible recipients.

The goals of the Payments to Private Providers Program are:

- I. To provide cost-effective and medically-appropriate pharmaceutical services.
- II. To improve health outcomes by emphasizing primary and preventive care.

The Payments to Private Providers Program includes the following categories of service:

- Adult Dentures - A limited program of dentures, relines, and repairs for Medicaid eligible adults. Services are limited in scope and frequency and are subject to prior authorization.
- Case Management Services – Assists the recipient in prioritizing and defining his desired personal outcomes, defining appropriate supports and services, and accessing these supports and services.
- Certified RN Anesthetists (CRNAs) Services – Anesthetic services provided by certified registered nurse anesthetists.
- Durable Medical Equipment (DME) - Medically necessary equipment, appliances, and supplies. DME providers must obtain prior authorization from BHSF for most services.
- Early and Periodic Screening, Diagnostics and Treatment (EPSDT) & Related Services - The child-specific component of Louisiana Medicaid designed to make health care available and accessible to low-income children. The EPSDT Health Services component of EPSDT provides evaluation and treatment for children with disabilities, primarily through school-based and early intervention services providers. The screening component of EPSDT is the KIDMED program, which provides a framework for routine health, mental health, and developmental screening of children from birth to age 21, as well as evaluation and treatment for illness, conditions, or disabilities.
- Family Planning - Services to female Medicaid recipients for routine family planning services including doctor's visit, counseling, contraceptives and certain lab services.

- Federally Qualified Health Center (FQHC) Services - Physician or professional services and designated services and supplies incident to the physician or other professional services. FQHCs are more commonly known as community health centers, migrant health centers, and health care for the homeless programs, and must meet federal requirements of the U.S. Department of Health and Human Services prior to Medicaid enrollment.
- Hemodialysis Services - Dialysis treatment (including routine laboratory services), medically necessary non-routine lab services, and medically necessary injections reimbursed to free-standing End Stage Renal Disease (ESRD) facilities.
- Home Health Services - Intermittent or part-time services furnished by a home health agency; personal care services provided by a home health agency in accordance with the plan of treatment recommended by the physician; medical supplies recommended by the physician as required in the care of the recipient and suitable for use in the home; and physical therapy services provided by a home health agency. All services must be ordered by a physician. Note: Certain services under this program require prior authorization through Unisys.
- Hospice - Provides palliative care for the terminally ill patient and support for the family.
- Hospital Inpatient Services - Inpatient hospital care and services. Inpatient services must be pre-certified in most instances if provided by an in-state, non-charity hospital.
- Hospital Outpatient Services - Outpatient hospital care and services. Some outpatient services must be prior authorized by BHSF.
- Intermediate Care Facilities for the Mentally Retarded – Mentally Retarded/Developmental Disabilities Community Homes - Homes for the long-term care of the mentally retarded and/or developmentally disabled recipients.
- Laboratory and X-Ray Services - Diagnostic testing performed by a laboratory independent of both the attending or consulting physician's office and/or the hospital where services are rendered.
- Mental Health Inpatient Services - Mental health evaluation, treatment, and counseling services provided in an outpatient clinic setting and which are limited to one per recipient per day.
- Mental Health Rehabilitation Services - Rehabilitation management for recipients with severe and persistent mental illnesses. Services are furnished in outpatient settings by, or under the direction of, a physician in a facility which is not part of a hospital but which is organized and operated to provide medical care to outpatients. Recipients must be approved for services, and all services must be prior authorized.
- Nursing Homes - Facilities that provide professional nursing and rehabilitation services on a 24 hour-a-day basis. Must be state licensed.
- Programs of All Inclusive Care for the Elderly (PACE) - A service model that provides all Medicare and Medicaid services, as well as in-home supports to individuals who are 55 years of age or older, meet certain qualifications and choose to participate.
- Pharmaceutical Products and Services - Prescription services for prescriptions issued by a licensed physician, podiatrist, certified nurse practitioner, or dentist.
- Physician Services - Physician and other professional services, including those of the following professionals: physicians (including specialists), audiologists, certified registered nurse anesthetists, chiropractors, nurse midwives, nurse practitioners, optometrists, and podiatrists.



- Rural Health Clinics - Physician or professional services and designated services and supplies incident to the physician or other professional services. Rural health clinics must meet federal requirements of the US Department of Health and Human Services prior to Medicaid enrollment.
- Transportation (Emergency - Ambulance) - Transportation provided by an ambulance for an unforeseen combination of circumstances which demands immediate attention at a medical facility to prevent serious impairment or loss of life. All services are subject to review for medical necessity of ambulance transportation.
- Transportation (Non-Emergency - Ambulance) - Transportation provided by an ambulance in which no other means of transportation is available and/or the recipient is unable to ride in any other type of vehicle. All services are subject to review for medical necessity of ambulance transportation.
- Transportation (Non-Emergency – Non-Ambulance) - Transportation to and from routine medical appointments.
- Waiver (Adult Day Health) - Direct care in a licensed day care facility, during a portion of the 24-hour day, for individuals who are physically and/or mentally impaired. A limited number of "slots" are available for recipients who meet the requirements of the program.
- Waiver (Children's Choice) - A program to provide supplemental support to children with developmental disabilities in their homes. In addition to the waiver services, which include case management, respite services, environmental adaptations, and family support, participants are eligible for all medically necessary Medicaid services.
- Waiver (Elderly & Disabled Adults) - Provides services to the elderly and disabled adults in their homes as an alternative to nursing home placement. Includes case management, personal care attendant, environmental modifications and household supports.
- Waiver (NOW – New Opportunities Waiver – Community Services) – Provides home and community based care alternative services (instead of institutional care) to persons who are mentally retarded or have other developmental disabilities. A limited number of “slots” are available for recipients who meet the requirements of the program. NOW waiver services must be approved by the Bureau of Community Supports and Services, and coordinated by the recipient’s case manager.
- Waiver (Family Planning) – Provides services to low-income women as a means of reducing unintentional pregnancies, thus improving quality of life and promoting better health practices for women and children.
- Waiver (Supports) – Provides home and community based waiver services to participants who otherwise would require the level of care of an intermediate care facility for the developmentally disabled (ICF/DD). It is designed for participants who have access to supports and services through family and community resources that are sufficient to assure their health and welfare.
- Waiver (Adult Residential Care) – Provides services which include lodging, meals, medication administration, intermittent nursing services, assistance with personal hygiene, assistance with transfers and ambulation, assistance with dressing, housekeeping, and laundry.
- Waiver (ROW – Residential Options Waiver) – Designated to enhance the long term services available to individuals with developmental disabilities who would otherwise require an intermediate care facility for developmental disabilities (ICF-DD) level of care. Also, designated to utilize the principles of self determination and to supplement the family and/or community supports that are available to maintain the individual in the community. This allows for greater flexibility in hiring, training, and general service delivery issues.



- Other Private Provider Services - Included in this group are the following services:
 - Audiology
 - Chiropractic Services
 - Expanded Dental Program for Pregnant Women
 - Rehabilitation Services
 - Personal Care Attendant
 - Physical & Occupational Therapy
 - Prenatal Clinics
 - Psychology
 - Social Work
 - Substance Abuse Clinics
 - Early Steps
 - Supported Employment Personal Assistance Services
 - Nursing Homes Visits
 - Other services

Note: Although the Home and Community Based waiver services receive funding from Medicaid, the following waivers are reported in LaPAS by the Office for Citizens with Developmental Disabilities, Agency 09-340: New Opportunities Waiver (NOW), Children’s Choice, Supports, and Residential Options Waiver (ROW). Also, the following waivers are reported in LaPAS by the Office of Aging and Adult Services, Agency 09-320: Elderly and Disabled Adults, Adult Day Health Care, and Adult Residential Care.

For additional information, see:

[Medical Vendor Payments](#)

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$14,988,820	\$54,584,192	0	Medicaid Coordinated Care Initiatives - This will transition Medicaid from a fee-for-service program to a managed care program.
\$44,868,753	\$454,570,174	0	Primary and Preventive Care - Includes Family Planning, FQHCs, RHCs, Physicians, EPSDT and Hospital-Outpatient.
\$38,640,936	\$213,392,910	0	Community-Based Care (Avoid Hospital) - This includes Case Management, Durable Medical Equipment, Home Health, EPSDT and outpatient hospital
\$69,405,449	\$469,095,118	0	Community-Based Long Term Care for Persons with Developmental Disabilities - This entails funding waiver slots for these recipients so they can return to community settings.
\$43,009,076	\$259,605,832	0	Community-Based Care for Elderly and Disabled - This entails funding waiver slots for these recipients so they can return to community settings.
\$10,176,759	\$63,874,490	0	Behavioral Health - This includes Mental Health Inpatient and Mental Health Rehabilitation (MHR). Mental Health In-patient services are psychiatric hospital care. MHR provides outpatient services.



Summary of Activities (Continued)

General Fund	Total Amount	Table of Organization	Description
\$27,043,544	\$153,891,865	0	Specialty Care Services - This includes things such as Adult Dentures, Anesthesia, and other specialty private providers.
\$68,863,139	\$639,912,474	0	Support Services - This includes Lab & X-Ray, Pharmacy and Transportation - Non Emergency.
\$24,406,113	\$138,762,091	0	Emergency Care - This includes Transportation - Emergency Ambulance and Emergency room services.
\$16,476,114	\$775,560,392	0	Inpatient Hospital - This includes all inpatient hospital care and services.
\$37,315,369	\$206,984,714	0	Institutional Based Long Term for Persons with Developmental Disabilities - This provides homes for long term care of developmentally-disabled recipients.
\$40,909,007	\$751,758,664	0	Institutional Based Care for Elderly and Disabled - This funds nursing homes.
\$8,576,075	\$47,884,826	0	Hospice and Nursing Home Room and Board Payments - Hospice care.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$444,679,154	\$4,229,877,742	0	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Payments to Private Providers Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 575,834,065	\$ 428,488,729	\$ 428,488,729	\$ 697,191,540	\$ 444,679,154	\$ 16,190,425
State General Fund by:						
Total Interagency Transfers	11,491,469	11,711,144	11,711,144	13,243,112	13,243,112	1,531,968
Fees and Self-generated Revenues	5,766,082	10,000,000	10,000,000	10,000,000	10,000,000	0
Statutory Dedications	245,146,058	268,401,078	305,982,278	305,982,278	552,088,131	246,105,853
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	3,580,116,654	3,532,167,520	3,682,586,320	3,476,996,559	3,209,867,345	(472,718,975)
Total Means of Financing	\$ 4,418,354,328	\$ 4,250,768,471	\$ 4,438,768,471	\$ 4,503,413,489	\$ 4,229,877,742	\$ (208,890,729)
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	4,418,354,328	4,250,768,471	4,438,768,471	4,503,413,489	4,229,877,742	(208,890,729)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 4,418,354,328	\$ 4,250,768,471	\$ 4,438,768,471	\$ 4,503,413,489	\$ 4,229,877,742	\$ (208,890,729)



Payments to Private Providers Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The Payments to Private Providers program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, Statutory Dedications, and Federal Funds. Interagency Transfers originate from the Department of Social Services, Office of Family Support for Refugee Medical Vendor payments, and from the Office of Community Services for the processing of all state funded payment of Non-Title XIX Foster Care Medical Vendor claims. Interagency Transfers funding is also generated from overcollections from the Office for Citizens with Developmental Disabilities. The Statutory Dedications represent funding received from the Louisiana Medical Assistance Trust Fund, which derives its funding source from the collection of provider fees from varying medical providers in the state based on corresponding per bed per day rates and/or prior year excess revenues; the Louisiana Fund and the Health Excellence Fund, payable out of funding received pursuant to the Master Settlement Agreement reached between certain states and participating tobacco manufacturers; the New Opportunities Waiver Fund, created by Act 481 of the 2007 Regular Legislative Session; the Medicaid Trust Fund for the Elderly and the Health Trust Fund, based on interest earnings from the principal of the Medicaid Trust Fund for the Elderly; the Louisiana Health Care Redesign Fund; and the Medical Assistance Program Fraud Detection. (Per R.S. 39.36B. (8), see table below for a listing of expenditures out of each Statutory Dedicated Fund.) Federal Funds represent federal financial participation in the Medicaid program, matched at a rate of 72.54% for state Fiscal Year 2010-2011 and funding from the American Recovery and Reinvestment Act of 2009.

Payments to Private Providers Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
LA Medical Assistance Trust Fund	\$ 153,662,016	\$ 156,938,290	\$ 194,519,490	\$ 194,519,490	\$ 428,535,082	\$ 234,015,592
Medical Assistance Program Fraud Detection	2,677,967	0	0	0	0	0
Medicaid Trust Fund for the Elderly	46,137,618	49,232,867	49,232,867	49,232,867	58,244,023	9,011,156
Health Trust Fund	15,308,853	16,150,476	16,150,476	16,150,476	16,150,476	0
New Opportunities Waiver (NOW) Fund	131,474	17,723,055	17,723,055	17,723,055	26,350,952	8,627,897
Louisiana Fund	6,696,071	6,696,071	6,696,071	6,696,071	7,136,580	440,509
Health Excellence Fund	20,532,059	21,660,319	21,660,319	21,660,319	15,671,018	(5,989,301)



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 428,488,729	\$ 4,438,768,471	0	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
0	(188,000,000)	0	Non-recurring Carryforwards
Non-Statewide Major Financial Changes:			
(626,973)	(2,283,228)	0	Savings from Diabetes Self Management Training.
184,851	673,164	0	Annualization of Support Coordination (Case Management) services. This is in the Community-Based Services for the Developmentally Disabled activity.
(65,665,175)	0	0	Means of financing swap decreasing State General Fund and using available LA Medical Assistance Trust Fund.
443,578	1,615,358	0	Funding for Children's Choice Waiver slots. State General Fund coming from OCDD. (Transfer from Office for Citizens with Developmental Disabilities). This is in the Community-Based Services for the Developmentally Disabled activity.
0	12,625,000	0	Funding for ARRA Health Information Technology grant - 100% federal. This is in the Support Services activity.
111,080,955	0	0	Means of financing substitution needed because the federal match rate from ARRA is expiring and the rate will change from 81.48% to 63.61% on January 1, 2011.
11,000,000	29,491,624	0	Funding for impact of DSH audit rule for rural hospitals. 4 million of the State General Fund is not matched with federal funds because some of the rural hospitals have no available Upper Payment Limit capacity.
5,989,301	0	0	Means of financing substitution increasing State General Fund and reducing Health Excellence Fund based on Revenue Estimating Conference projections on December 17, 2009.
(11,263,294)	0	0	Means of financing swap decreasing State General Fund and utilizing Certified Public Expenditures.
(1,151,289)	0	0	Means of financing substitution decreasing State General Fund and optimizing federal funds made available from cost reports.
0	112,418,915	0	Nursing home rebasing in FY 11. The source of the statutory dedication is the Medicaid Trust Fund for the Elderly. This is in the Institutional Care for the Elderly and Disabled activity.
1,260,288	4,589,540	0	Annualization of Adult Residential Care waiver. EOB has funding for 3 months. This is in the Community Based Services for the Elderly and Disabled activity.
4,656,602	12,796,378	0	Increased funding for Private Providers for OCDD transition. There is a corresponding reduction of \$28,823,711 In Public Providers.
4,520,781	16,463,150	0	Funding for utilization of New Opportunities Waiver slots. This is in the Community-Based Services for the Developmentally Disabled activity.
3,305,804	12,038,617	0	Funding for Pharmacy Utilization. Based on the impact of revised SMAC reimbursement methodology, a reduction in Average Wholesale Price for some drugs, and the trend of percentage rebates. Claims volume utilization is expected to grow by 2.5%. This is in the Specialty Services activity.
(27,728,469)	(100,977,674)	0	Provider Rate reductions for FY 11
463,899	1,689,359	0	Increased funding for utilization of Residential Options waivers. This is in the Community-Based Services for the Developmentally Disabled activity.
2,623,494	0	0	Reduced funding for Certified Public Expenditures.
666,184	2,426,014	0	Increase rates for Durable Medical Equipment to 2009 Medicare rates.



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
21,859,078	0	0	Means of financing substitution replacing Medicaid Trust Fund for the Elderly used for nursing home rebasing with State General Fund.
6,459,461	54,943,035	0	To annualize the cost of New Opportunity Waiver slots filled in FY 10. This is in the Community-Based Services for the Developmentally Disabled activity.
647,525	2,358,065	0	Annualization of Children's Choice Waiver slots added in FY 10. This is in the Community Based Services for the Developmentally Disabled activity.
10,683,391	38,905,284	0	Funding for Medicaid Coordinated Care Initiatives - Transitioning to enhanced Primary Care Case Management will generate aggregate savings of 4.1%. These costs are because of claims lag. This is in the Medicaid Coordinated Care Initiatives activity.
(6,973,398)	(25,394,750)	0	Annualize FY 10 efficiencies including Radiology Utilization Management and Claim Check efficiencies.
301,325	1,097,322	0	Adult Day Health Care waiver - increased utilization and backfilling previously allocated slots. This is in the Community Based-Services for the Elderly and Disabled activity.
1,641,755	5,978,711	0	Increase in Program for All-Inclusive Care for the Elderly (PACE) funding for Baton Rouge and New Orleans area. This is in the Institutional Care for the Elderly and Disabled activity.
(5,740,443)	(20,904,762)	0	Annualization of FY 10 August rate cuts.
(19,594,004)	(71,354,713)	0	Annualization of Nursing Home Rebase, inflation, bed buy back & Private room conversion. This is in the Institutional Care for the Elderly and Disabled activity.
(28,003,281)	(101,978,445)	0	Annualization of the FY 10 mid year cuts resulting from Executive Order 09-21 which consisted of a rate reduction for private providers.
1,590,673	5,792,688	0	Utilization of Mental Health Rehabilitation due to increased referrals and number of providers. This is in the Behavioral Health activity.
3,657,121	13,317,993	0	Annualization of costs associated with Long Term Personal Care Services and Elderly and Disabled waiver slots. This is in the Community Based Care for the Elderly and Disabled activity.
242,327	882,471	0	Annualization of 1.59% rate restoration for Intermediate Care Facilities, 9 months funded in FY 10. This is in the Institutional Care for the Elderly and Disabled activity.
1,150,866	9,956,038	0	Increased Utilization of Multi-Systemic Therapy as a Mental Health Rehab service. IAT funding is from DSS and OYD. This is in the Behavioral Health activity.
(16,931,615)	(61,659,196)	0	Savings resulting from Long Term Personal Care Services hours per client being reduced.
(440,509)	0	0	Means of financing substitution recognizing more Louisiana Fund due to an increase in revenue projections per the Revenue Estimating Conference on December 17, 2009.
722,291	2,630,340	0	Funding of Pediatric Day Health Care adjustment. Act 432 of 2004 Regular Session directed department to develop licensure standards for Pediatric day facilities for medically fragile children. This is in the Community Based Services (in avoidance of Hospitalizations) activity.
87,849	319,913	0	Utilization of Supports Waiver legislatively approved slots. This is in the Community-Based Services for the Developmentally Disabled activity.
486,605	4,866,038	0	Funding for increased utilization of Family Planning Waiver. This is in the Primary and Preventive Care Activity.
134,310	489,111	0	Annualization of Supports Waiver - annualization of slots phased in for FY 10. This is in the Community Based Services for the Developmentally Disabled activity.
1,127,474	4,105,877	0	Funding for 6 new Federally Qualified Health Centers (FQHCs) and 7 new Rural Health Clinics (RHCs) projected to enroll in FY 11.
710,174	2,586,210	0	Funding to increase inpatient hospital rates for small rural hospitals per Act 327 of 2007 Session. The Act requires DHH to inflate the rates annually by the Medicare market basket inflation factor. This is part of Louisiana's state plan with CMS. This is in the Inpatient hospitalization activity.



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
949,932	3,459,328	0	Annualization for payments to seven rural health clinics and four federally qualified health centers that are projected to enroll in FY 10. This is in the Primary and Preventive Care Activity.
374,136	1,362,475	0	Funding for RHC/FQHC Medicare Economic Index Rate adjustment - CMS requirement. This index is a measure of inflation faced by physicians with respect to their practice cost and general wage levels. This is in the Primary and Preventive Care Activity.
1,286,845	3,784,021	0	Funding for 150 new New Opportunities Waiver slots to be phased in FY 11.
\$ 444,679,154	\$ 4,229,877,742	0	Recommended FY 2010-2011
\$ 309,716,835	\$ 1,127,883,594	0	Less Supplementary Recommendation
\$ 134,962,319	\$ 3,101,994,148	0	Base Executive Budget FY 2010-2011
			Supplementary - Fiscal Year 2008-2009 General Fund Surplus and collections from Louisiana Tax Delinquency Amnesty Act of 2009 to defease debt in Fiscal Year 2009-2010.
309,716,835	1,127,883,594	0	Use of the Fiscal Year 2008-2009 State General Fund surplus and collections from the Louisiana Tax Delinquency Amnesty Act of 2009 to defease debt in Fiscal Year 2009-2010; thereby, reducing State Debt Service in Fiscal Year 2010-2011. (Supplementary Recommendation)
\$ 309,716,835	\$ 1,127,883,594	0	Total Supplementary - Fiscal Year 2008-2009 General Fund Surplus and collections from Louisiana Tax Delinquency Amnesty Act of 2009 to defease debt in Fiscal Year 2009-2010.
\$ 444,679,154	\$ 4,229,877,742	0	Grand Total Recommended

Professional Services

Amount	Description
	This program does not have funding for Professional Services for Fiscal Year 2010-2011.

Other Charges

Amount	Description
	Other Charges:
\$4,229,877,742	Payments to Private Providers
\$4,229,877,742	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	This program does not have funding for Interagency Transfers for Fiscal Year 2010-2011.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$4,229,877,742	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.

Performance Information

1. (KEY) Through the Medicaid Coordinated Care Initiatives activity, to increase preventive health care; improve quality, performance measurement, and patient experience; and moderate cost increases through: 1) enhancements to the existing Community CARE program; and 2) design and implementation of comprehensive pre-paid coordinated care plans.

State Outcome Goals Link: Medicaid Coordinated Care delivery models (enhanced PCCMs) and pre-paid managed care address primary factors which contribute to the Better Health goal: #1 Healthy behaviors (including seeking and participating in appropriate health care that incorporates early screening and detection; increased personal responsibility and self management; # 2 Access to affordable and appropriate care; and # 4 Demographics (Race & Ethnicity).

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of 14 key Healthcare Effectiveness Data & Information Set (HEDIS) measures that are at or above the 25th percentile HEDIS benchmark (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	50%	50%
Important tools have evolved to measure quality in Medicaid. The Health Plan Employer Data and Information Set (HEDIS) is a national set of quality, access, and effectiveness-of-care measures for managed care that has been adapted to include measures applicable to the Medicaid population.							
S	Childrens access to primary care practitioners (ages 25 months to 6 years) (LAPAS CODE - New)	Not Applicable	89%	Not Applicable	Not Applicable	91%	91%



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Congestive Heart Failure Admission Rate (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	1,572	1,572
S	Asthma Adult Admission Rate (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	673	673
S	Uncontrolled Diabetes Admission Rate (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	191	191
S	Number of Medicaid recipients enrolled in CommunityCare Basic (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	578,000	578,000

2. (KEY) Through the Primary and Preventative Care activity, to encourage all Medicaid enrollees to obtain appropriate preventive and primary care in order to improve their overall health (medical and oral) and quality of life, and to ensure that those who care for them provide that care.

State Outcome Goals Link: Better Health - This objective will improve health outcomes by expanding on existing primary health and prevention services, utilizing methods aligned with national best practices. Providing fair reimbursement for services provided will help maintain current providers and increase provider participation in Medicaid, allowing for greater access to services for Medicaid members. Promoting preventive services, including health education, empowers members to take personal responsibility for their health and manage health concerns with available health care resources. Removing barriers to accessing appropriate health care will promote necessary care for the chronically ill and will provide members with a way to determine their state of health and provide preventive care that may reduce the need for more costly specialized care or hospitalization. Promoting healthy behaviors/lifestyle through programs such as tobacco use/smoking cessation services and diabetes self-management training will enable members and their families to have a higher quality of life and reduce utilization of costly healthcare services.

Children's Budget Link: Not Applicable

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Link(s) (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of children that have at least six well-visits within the first 15 months of life (LAPAS CODE - 22324)	43%	52%	52%	52%	57%	52%
K	Percentage of adults aged 21-44 years that have at least one preventive care visit per year (LAPAS CODE - 22325)	5.0%	4.7%	1.6%	1.6%	6.0%	5.0%
S	Percentage of Medicaid enrollees, aged 12-21 years of age who had at least one comprehensive well-care visit in a year (LAPAS CODE - 22945)	27%	Not Available	27%	27%	36%	36%
K	Percentage of Medicaid enrollees aged 2-21 years of age who had at least one dental visit in a year (LAPAS CODE - 22947)	50%	42%	50%	50%	45%	42%
K	Percentage change in the number of children at age 2 years receiving appropriate immunizations (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	5%	5%

3. (KEY) Through the Community-Based Services activity, to achieve better health outcomes for the state by promoting affordable community-based services, decreasing reliance on more expensive institutional care, and providing choice to recipients.

State Outcome Goals Link: Better Health - Optimizing the use of community-based care while decreasing reliance on more expensive institutional care will benefit all of Louisiana's citizens by promoting health care that makes better use of resources and is more responsive to the needs of patients. Increasing reliance on community-based services will facilitate cost-effective use of available resources through actions which are in-line with national best practices to reduce unnecessary hospitalizations and reliance on institutionalization. Fostering or facilitating independence through availability of home and community-based services for citizens with disabilities and the elderly will promote the dignity and independence of Louisiana's citizens while enabling them to find cost-effective supports and services within their community.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.



Other Link(s) (TANF, Tobacco Settlement, Workforce Development Commission, or Other): The DHH plan for improving health care in Louisiana, now known as the BluePrint for Health is linked as follows: Goal VII: Strengthen Accountability for Reimbursement

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage change in the unduplicated number of recipients receiving community-based services (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3%	3%
A minimum 3% increase in the unduplicated number of recipients utilizing these services would indicate DHH has increased access to the services.							

4. (KEY) Through the Community-Based Long Term Care for Persons with Disabilities activity, to increase the number of people accessing community-based services by 5% annually over the next 5 years in a more cost-effective and efficient manner.

State Outcome Goals Link: Better Health - This objective contributes to the goal of better health & more affordable care through optimizing the availability of community-based health care and decreasing reliance on more costly institutional care.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Link(s) (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage change in number of persons served in community-based waiver services (LAPAS CODE - New)	Not Applicable	9%	Not Applicable	Not Applicable	9%	9%
K	Percentage change in the cost of the New Opportunities Waiver post implementation of resource allocation (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	5%	5%
K	Annual change in the number of persons waiting for services on the Request for Services Registry (RFSR) (LAPAS CODE - New)	Not Applicable	928	Not Applicable	Not Applicable	9,250	9,250
This indicator is meant to reflect a yearly reduction in the number of persons waiting for waiver services on the RFSR.							
K	Utilization of all waiver opportunities available through funding allocation or conversion of ICF/DD beds (LAPAS CODE - New)	Not Applicable	83%	Not Applicable	Not Applicable	95%	95%
K	Percentage of waiver recipients reporting choice in services received and satisfaction with our system (LAPAS CODE - New)	Not Applicable	84%	Not Applicable	Not Applicable	80%	80%

5. (KEY) Through the Community-Based Long Term Care for the Elderly and Disabled activity, to achieve national averages for Medicaid-funded institutional versus community-based Long Term Care (LTC) spending for older adults and adults with disabilities by 2015.

State Outcome Goals Link: Better Health - This objective contributes to the goal of better health by optimizing the use of community-based care while decreasing reliance on more expensive institutional care.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of Medicaid spending for elderly and disabled adult long term care that goes towards community-based services rather than nursing homes (LAPAS CODE - New)	Not Applicable	31%	Not Applicable	Not Applicable	30%	30%
K	Average Medicaid expenditure per person for community-based long term care as percentage of average expenditure per person for nursing home care (LAPAS CODE - New)	Not Applicable	89%	Not Applicable	Not Applicable	85%	85%
K	Percentage of available, nationally recognized measures on which Medicaid community-based programs perform the same or better than the Medicaid nursing programs (LAPAS CODE - New)	Not Applicable	100%	Not Applicable	Not Applicable	100%	100%

These are Healthcare Effectiveness & Data Information Set (HEDIS) Agency for Healthcare Research and Quality (ARHQ) Prevention measures.

6. (KEY) Through the Behavioral Health activity, to increase access to a full array of community-based, evidence-based and/or best practice behavioral services, improve health outcomes, and decrease reliance in institutional care.

State Outcome Goals Link: Better Health - This objective will improve health outcomes by emphasizing primary and preventive care in the mental health arena, and increasing reliance on community-based services that are cost-effective and in line with national best practices.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of eligible recipients receiving behavioral health services in the community. (LAPAS CODE - New)	Not Applicable	3%	Not Applicable	Not Applicable	4%	4%
Percentage of total eligible recipients receiving a non-hospital mental health service.							

Payments to Private Providers General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Percent change in expenditures for state inpatient psychiatric services. (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	52%

7. (KEY) Through the Specialty Care Services activity, to increase access to affordable, appropriate, and quality specialty care.

State Outcome Goals Link: Better Health - Louisiana faces challenges in the dispersion and availability of specialists, as most are located in and around the State's larger metropolitan areas, leaving smaller and rural communities underserved. Through payment reform, this activity seeks to assist in obtaining the following outcomes: an increase the geographic distribution of providers and facilities; an increase the number of Louisiana Medicaid Recipients who can report themselves healthy; a reduction in disparities in health care outcomes among the various demographic factors; and a reduction in overall health care costs by establishing policies that discourage providing health care in more expensive settings.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of participating anesthesiologists who provide services to a minimum of 26 unduplicated recipients per year. (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	80%	80%

Payments to Private Providers General Performance Information

Performance Indicator Name	Performance Indicator Values					
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009	
Percent of PCPs satisfied with recipient access to specialty care. (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	20%	

8. (KEY) Through the Support Services activity, to reduce the rate of growth of expenditures for drugs in the DHH Pharmacy Benefits Management Program by implementing a prior authorization (PA) program with a preferred drug list (PDL) and obtaining supplemental rebates from drug manufacturers.

State Outcome Goals Link: Better Health

Children's Budget Link: Not Applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Amount of cost avoidance (in millions) through the prior authorization (PA) program and use of the preferred drug list (LAPAS CODE - 15421)	\$ 38.3	\$ 37.3	\$ 38.6	\$ 38.6	\$ 38.6	\$ 38.6
The name of this indicator was modified for clarity. The indicator was formerly named "Amount of savings (in millions)".							
K	Percentage of total drug rebates collected (LAPAS CODE - 22942)	90%	93%	90%	90%	90%	90%
K	Percentage of Total Scripts PDL Compliance (LAPAS CODE - 22943)	90%	93%	90%	90%	90%	90%
PBM utilizes the preferred drug list (PDL) to reduce the rate of growth of expenditures for the program. The percentage of Total Scripts PDL compliance indicator would be used to indicate the effectiveness of the PDL. Compliance is the measure of the prescriber's adherence to the PDL based on the number of prescriptions paid for in all therapeutic classes included in the PDL process.							

Payments to Private Providers General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of classes of therapeutic drugs established (LAPAS CODE - 13377)	52	51	52	57	68

9. (KEY) Through the Emergency Care Services activity, to reduce emergencies and non-emergency utilization of the emergency department through payment reform, care management, and improved access to preventative, primary and urgent care services; to shift use to costly institutional services to less costly community-based services.

State Outcome Goals Link: Better Health - This objective advances the state outcome goal of improving health outcomes by: reducing avoidable and inappropriate utilization of the emergency department by promoting alternatives for urgent care services; promoting the Nurse Helpline; enhancing care management; improving health literacy; and reducing the number and severity of emergencies as a result of adequate access to primary/preventative care and care management of chronic medical and behavioral health conditions.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of enrollees that access the Nurse Help Line (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	1.2%	1.2%

10. (KEY) Through the Inpatient Hospitalization activity, to provide necessary care for Medicaid recipients when acute care hospitalization is most appropriate and to lower the growth of inpatient hospital costs while moving toward a higher and consistent level of quality medical care.

State Outcome Goals Link: Better Health - This objective reflects the goal of improving the health of Louisiana's citizens and reducing avoidable inpatient hospitalizations.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Average (mean) length of stay in days (non-psych.) for Title XIX Medicaid recipients. (LAPAS CODE - New)	Not Applicable	4.5	Not Applicable	Not Applicable	4.3	4.5

11. (KEY) Through the Institutional Based Long Term Care for Persons with Developmental Disabilities activity, to transition recipients living in Intermediate Care Facilities for individuals with developmental disabilities to home and community based settings.

State Outcome Goals Link: Better Health

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of recipients moved from the ICF-DD setting into home and community based settings (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3%	3%
S	Number of recipients moving from ICF-DD to community based services. (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	150	150

12. (KEY)Through the Institutional Based Long Term Care for the Elderly and Disabled activity, to use spending to reduce unused bed capacity and improve quality to achieve national averages by 2015.

State Outcome Goals Link: Better Health - Nursing facilities provide a vital service as part of the long term care continuum. However, Louisiana is over-supplied and over-reliant when it comes to institutional care. As the population ages, it is critical to expand choices within the continuum, ensure persons receive care in the most appropriate and cost effective setting, and improve quality and efficiency. This objective seeks to achieve the goals of better health and more affordable and appropriate care through implementation of the following purchasing strategies: Payment reform - provide incentives to eliminate excess capacity or convert it to alternate use; provide pay for performance incentives; enhance rates to improve access to specialized long term care; Coordinated case management - pilot care management as a tool to avoid preventable hospitalizations; and Continuums of care that provide choice - Contract to improve access to specialized long term care.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of national nursing home quality measures on which Louisiana nursing homes rate at or above the national average per most recent Dept. of Health & Human Services Report (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	30%	30%
K	Percentage change in nursing facility utilization (LAPAS CODE - New)	Not Applicable	-1.10%	Not Applicable	Not Applicable	-1.10%	-1.10%
K	Percentage change in nursing facility spending under Medicaid (LAPAS CODE - New)	Not Applicable	4.00%	Not Applicable	Not Applicable	3.75%	3.75%
K	Nursing Home Occupancy Rate (LAPAS CODE - New)	Not Applicable	72%	Not Applicable	Not Applicable	72%	72%

13. (KEY)Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state.

State Outcome Goals Link: Better Health - Hospice care contributes to better health in Louisiana by providing dying patients with the most appropriate palliative care, rather than continuing to pay for more aggressive medical care that will not improve their quality of life nor meaningfully prolong their lives. Such palliative care also benefits the families of these patients. Hospice care also sometimes includes counseling and other services for the families of dying patients, which, if effective, can improve their mental health.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of Room & Board Services for Hospice Patients (LAPAS CODE - New)	Not Applicable	415,912	Not Applicable	Not Applicable	416,000	416,000
K	Number of Hospice Services (LAPAS CODE - New)	Not Applicable	66,424	Not Applicable	Not Applicable	66,250	66,250



306_2000 — Payments to Public Providers

Program Authorization: The Constitution of Louisiana (1974) Article 12, Section 8, declares that the Legislature may establish a system of economic and social welfare, unemployment compensation, and public health. Louisiana Revised Statutes 36:251 et seq., give the Louisiana Department of Health and Hospitals (DHH) Secretary authority to direct and be responsible for the Medical Assistance Program, Title XIX of the Social Security Act, and the authority to act as the sole agent of the state or, in necessary cases, designate one of the offices within the department or its assistant secretary to cooperate with the federal government and with other state and local agencies in the administration of federal funds granted to the state or directly to the department or an office thereof to aid in the furtherance of any function of the department or its offices, including funding for the Medical Assistance Program, Title XIX of the Social Security Act. Authority is also given by the Balanced Budget Act of 1997 (BBA) (Public Law 105-33), as amended by recent technical amendments (Public Law 105-100, signed into law on November 19, 1997).

Program Description

The mission of the Payments to Public Providers Program is to administer the Medicaid Program to ensure operations are in accordance with federal and state statutes regarding medically necessary services to eligible recipients.

The goals of the Payments to Public Providers Program are:

- I. To provide cost effective and medically appropriate pharmaceutical services.
- II. To improve health outcomes by emphasizing primary and preventive care.

The Payments to Public Providers Program sole activity is the provision of approved medically necessary services by public providers. Public providers are enrolled Medicaid Vendors that are state owned, and include:

- LSUHSC – Health Care Services Division
- LSUHSC – Shreveport
- LSUHSC – E. A. Conway
- LSUHSC – H. P. Long
- DHH – State MR/DD Services (including Special School District #1)
- DHH – State Nursing Homes - Villa Feliciana Medical Complex and John J. Hainkel Home
- DHH – Office of Public Health
- DHH – Community Mental Health
- DHH – Public Psychiatric Free Standing Units
- State Education
- Other Public Providers for Services



For additional information, see:

[Medical Vendor Payments](#)

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$321,728,789	\$939,187,852	0	Public Providers - The provision of payments for medically necessary services by public providers.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$321,728,789	\$939,187,852	0	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Payments to Public Providers Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 207,442,816	\$ 185,106,429	\$ 185,106,429	\$ 204,600,565	\$ 321,728,789	\$ 136,622,360
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	9,147,866	9,147,866	9,147,866	9,147,866	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	585,983,838	609,629,297	609,629,297	600,003,703	608,311,197	(1,318,100)
Total Means of Financing	\$ 793,426,654	\$ 803,883,592	\$ 803,883,592	\$ 813,752,134	\$ 939,187,852	\$ 135,304,260
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	793,426,654	803,883,592	803,883,592	813,752,134	939,187,852	135,304,260
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 793,426,654	\$ 803,883,592	\$ 803,883,592	\$ 813,752,134	\$ 939,187,852	\$ 135,304,260



Payments to Public Providers Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The Payments to Public Providers program is funded with State General Fund, Statutory Dedications, and Federal Funds. The Statutory Dedications represent funding received from the Louisiana Medical Assistance Trust Fund (R.S. 39:98.6) from provider fees from varying medical providers in the state based on corresponding per bed per day rates and/or prior year excess revenues. (Per R.S. 39:36B. (8), see table below for a listing of expenditures out of each Statutory Dedicated Fund.) Federal Funds represent federal financial participation in the Medicaid program, matched at a rate of 72.54% for state Fiscal Year 2010-2011.

Payments to Public Providers Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
LA Medical Assistance Trust Fund	\$ 0	\$ 9,147,866	\$ 9,147,866	\$ 9,147,866	\$ 9,147,866	\$ 0

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 185,106,429	\$ 803,883,592	0	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
16,784,234	0	0	Means of financing substitution needed because the federal match rate from ARRA is expiring and the rate will change from 81.48% to 63.61% on January 1, 2011.
(16,955,167)	(52,371,486)	0	Adjusts funding in the Public Providers and Uncompensated Care Cost (UCC) programs due to the increased or decreased need for Title XIX and UCC in the various agencies' recommended budgets.
122,493,293	135,600,000	0	This adjustment offsets loss of DSH dollars for LSU and HCSD due to new audit rule. The federal funds are from cost reports.



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
14,300,000	52,075,746	0	Funding for Our Lady of Lake and Earl K Long Partnership. This is for one-time capital costs.
\$ 321,728,789	\$ 939,187,852	0	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 321,728,789	\$ 939,187,852	0	Base Executive Budget FY 2010-2011
\$ 321,728,789	\$ 939,187,852	0	Grand Total Recommended

Professional Services

Amount	Description
	This program does not have funding for Professional Services for Fiscal Year 2010-2011.

Other Charges

Amount	Description
	Other Charges:
\$32,104,446	Local Education for School Based Health
\$32,104,446	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$251,142,834	LSU Health Care Services Division
\$164,112,870	LSU HSC - Shreveport
\$135,600,000	DSH audit replacement for LSU Hospitals
\$52,075,746	Our Lady of the Lake / Earl K. Long partnership
\$40,871,519	LSU HSC - E. A. Conway and Huey P. Long Hospitals
\$2,654,472	Capital Area Human Services District
\$1,325,389	Florida Parishes Human Services District
\$544,255	Metropolitan Human Services District
\$1,500,000	Jefferson Parish Human Service District
\$5,527,808	John J. Hainkel Home
\$15,329,348	Villa Feliciana Medical Complex
\$16,947,103	Office of Public Health
\$5,091,656	Office of Mental Health for community mental health services
\$2,905,622	Office of Mental Health for public free standing psych units
\$192,120,579	Office for Citizens with Developmental Disabilities
\$14,850,943	Louisiana Special Education Center



Other Charges (Continued)

Amount	Description
\$1,438,262	Special School District #1
\$45,000	Louisiana School for the Deaf
\$3,000,000	Other Hospitals
\$907,083,406	SUB-TOTAL INTERAGENCY TRANSFERS
\$939,187,852	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.

Performance Information

- 1. (KEY) Through the Payment to Public Providers activity, to encourage all Medicaid enrollees to obtain appropriate preventive and primary care in order to improve their overall health and quality of life as shown by well-visits, annual dental visits, access to primary care practitioners and asthma and diabetes measures.**

State Outcome Goals Link: Better Health - This activity provides access to care through safety net state providers that provide services not readily available in the private sector, such as services provided to individuals with severe mental illness, developmental disabilities, and specialty care.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provisions of primary and preventive healthcare services to children.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Average acute care length of stay in days per discharge for state hospitals. (LAPAS CODE - New)	Not Applicable	5.88	Not Applicable	Not Applicable	5.38	5.88



306_3000 — Medicare Buy-Ins & Supplements

Program Authorization: The Constitution of Louisiana (1974) Article 12, Section 8, and Public Law 89-97 and the Balanced Budget Act of 1997 (BBA) (Public Law 105-33), as amended by technical amendments (Public Law 105-100, signed into law on November 19, 1997).

Program Description

The mission of the Medicare Buy-Ins and Supplements Program is to allow states to enroll certain groups of needy people in the supplemental medical insurance program and pay their premiums. The Medicare Buy-Ins and Supplements Program may permit the State, as part of its total assistance plan, to provide medical insurance protection to designated categories of needy individuals who are eligible for Medicaid and also meet the Medicare eligibility requirements. It has the effect of transferring some medical costs for this population from the Title XIX Medicaid program, which is partially state financed, to the Title XVIII program, which is financed by the Federal government. Federal matching money is available through the Medicaid program to assist the State with the premium payments for certain buy-in enrollees.

The goal of the Medicare Buy-Ins and Supplements Program is to avoid additional Medicaid cost by utilizing Buy-In (premiums) for Medicare eligibles.

For additional information, see:

Medical Vendor Payments

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$69,047,664	\$271,980,926	0	Medicare Savings Program - Pays Medicare premiums for low-income seniors and individuals with disabilities in order to limit responsibility of the state Medicaid agency to payment of only those services not covered by Medicare.
\$113,078,482	\$113,078,482	0	Clawback - Also known as Medicare Part D. This is for low-income seniors and persons with disabilities who qualify for both Medicaid and Medicare.
\$1,242,163	\$6,648,586	0	LaCHIP Phase V - Also known as LaCHIP Affordable Plan (LAP). LAP provides coverage to uninsured children in families who earn 200-250% of the Federal Poverty Level.
\$931,581	\$3,495,213	0	Louisiana Health Insurance Premium Payment Program - Pays health insurance premiums for an employee if his family has insurance available through an employer and a member of the family is already enrolled in Medicaid.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$184,299,890	\$395,203,207	0	Grand Total of Activities Recommended including Non T.O. FTE Ceiling



Medicare Buy-Ins & Supplements Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 141,435,249	\$ 155,598,907	\$ 155,598,907	\$ 184,531,174	\$ 184,299,890	\$ 28,700,983
State General Fund by:						
Total Interagency Transfers	0	300,947	300,947	1,129,797	1,633,800	1,332,853
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	151,868,213	177,539,928	177,539,928	209,648,679	209,269,517	31,729,589
Total Means of Financing	\$ 293,303,462	\$ 333,439,782	\$ 333,439,782	\$ 395,309,650	\$ 395,203,207	\$ 61,763,425
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	293,303,462	333,439,782	333,439,782	395,309,650	395,203,207	61,763,425
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 293,303,462	\$ 333,439,782	\$ 333,439,782	\$ 395,309,650	\$ 395,203,207	\$ 61,763,425
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The Medicare Buy-Ins and Supplements Program is funded with State General Fund, Interagency Transfers and Federal Funds. The Interagency Transfers originate from the Office of Group Benefits from premium payments collected from individuals participating in LaCHIP Phase V. The Federal Funds represent federal financing participation for the Medicaid program. Federal Funds represent federal financial participation in the Medicaid program, matched at a rate of 72.54% for Title XIX and 75.23% for Title XXI for state Fiscal Year 2010-2011.



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 155,598,907	\$ 333,439,782	0	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
(106,443)	0	0	Means of financing swap as a result of a positive FMAP change in the Medicare Buy-Ins & Supplements Program.
19,025,815	19,025,815	0	Increase in Full Dual Eligible per Capita Medicaid Drug Payment (Clawback) - 100% SGF. Provisions of the statute require states to make payments to the federal government to help offset the cost of providing prescription drug coverage to full benefit eligibles. "Clawback" provisions require states to make a monthly payment to the federal government beginning when their dual eligibles (eligible for Medicaid and Medicare) are enrolled in part D. The increase is in the per capita Medicaid drug payment per person. This is in the Clawback activity.
(124,841)	828,850	0	Funding for LaCHIP Affordable Plan (LAP) enrollment increase. The increase in IAT funding is from premiums collected by the Office of Group Benefits(OGB) from an increased number of enrollees in LAP. This is in the LaCHIP Affordable Plan (Phave V) activity.
239,411	898,245	0	Funding for Louisiana Health Insurance Premium Payments - Increases in cases enrolled for FY 11. This is in the Louisiana Health Insurance Premium Payments activity.
9,667,041	41,010,515	0	This adjustment is to accommodate the increases in Medicare Part A and B premiums which are due to the mandatory rate adjustments implemented each January and increased program enrollment due to Congressional action. This is in the Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities activity.
\$ 184,299,890	\$ 395,203,207	0	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 184,299,890	\$ 395,203,207	0	Base Executive Budget FY 2010-2011
\$ 184,299,890	\$ 395,203,207	0	Grand Total Recommended

Professional Services

Amount	Description
	This program does not have funding for Professional Services for Fiscal Year 2010-2011.



Other Charges

Amount	Description
	Other Charges:
\$271,980,926	Medicare Savings Plans
\$113,078,482	Clawback Payments
\$3,495,213	LaHIPP
\$388,554,621	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$6,648,586	LaCHIP Affordable Plan (Phase V)
\$6,648,586	SUB-TOTAL INTERAGENCY TRANSFERS
\$395,203,207	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.

Performance Information

- (KEY) Through the Clawback activity, to help finance the Medicare Part D benefit for dual eligibles (individuals insured by both Medicare and Medicaid), as required by the Medicare Prescription Drug Improvement Modernization Act of 2003.**

State Outcome Goals Link: Better Health

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of dual eligibles (LAPAS CODE - New)	Not Applicable	93,900	Not Applicable	Not Applicable	94,588	94,588



2. (KEY) Through the Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities activity, to avoid more expensive costs that would otherwise be funded by Medicaid by ensuring that eligible low-income senior citizens do not forego health coverage due to increasing Medicare premiums that make maintaining coverage increasingly difficult.

State Outcome Goals Link: Better Health - Most prescription drugs for dual eligibles which were previously paid by Louisiana Medicaid are now reimbursed by Part D plans. Therefore, dual eligibles are receiving necessary medications for their various illnesses, improving the health of these citizens.

Children's Budget Link: Not Applicable

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Link(s) (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: Medicare is a health insurance program for people 65 years of age and older, certain younger people with disabilities, and people with End-Stage Renal Disease (people with permanent kidney failure who need dialysis or transplant). Medicare has two parts: Part A (hospital insurance), Part B (medical insurance). Part B helps pay for doctors, outpatient hospital care and some other medical services that part A does not cover, such as the services of physical and occupational therapists.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Total number of recipients (Part A) (LAPAS CODE - 2261)	7,150	6,961	7,000	7,000	6,471	6,585
	Total number of recipients enrolled in a Medicare Buy-In program that Louisiana is paying Part A premium.						
S	Total number of recipients (Part B) (LAPAS CODE - 2262)	147,650	153,376	157,099	157,099	170,349	172,973
	Total number of recipients enrolled in a Medicare Buy-In program that Louisiana is paying Part B premium.						
K	Total number of Buy-In eligibles (Part A & B) (LAPAS CODE - 2263)	161,254	160,337	164,099	164,099	176,820	179,558
	Sum Total of Part A and Part B recipients (PI Code 2261 + PI Code 2262).						
S	Buy-In Expenditures (Part A) (LAPAS CODE - 2264)	\$ 37,365,900	\$ 32,226,396	\$ 37,968,000	\$ 37,968,000	\$ 36,550,962	\$ 36,550,962
S	Buy-In Expenditures (Part B) (LAPAS CODE - 2265)	\$ 176,206,017	\$ 179,299,930	\$ 182,339,443	\$ 182,339,443	\$ 234,335,137	\$ 234,335,137
K	Total savings (cost of care less premium costs for Medicare benefits) (LAPAS CODE - 2266)	\$ 790,000,000	\$ 1,180,139,997	\$ 951,600,000	\$ 951,600,000	\$ 1,090,000,000	\$ 1,090,000,000



3. (KEY) Through the LaCHIP Affordable Plan activity, to maximize enrollment of children (birth through 18 years of age) who are potentially eligible for services under Title XXI of the Social Security Act, improve their health outcomes, and ensure they receive quality health care.

State Outcome Goals Link: Better Health - The LaCHIP Affordable Plan advances the state outcome goal of better health care by providing families with the option of affordable health coverage that allows them to take responsibility for their health and the health of their families. More specifically, increasing the number of children in families from 200-250% FPL who are enrolled in health coverage will increase the number who are ihealth ready for kindergarten.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Total number of children enrolled as LaCHIP Affordable Plan (LAP) eligibles (between 201-250 %FPL) (LAPAS CODE - New)	Not Applicable	2,390	Not Applicable	Not Applicable	4,838	3,780
K	Total number of LAP eligibles who have annual dental exams (HEDIS measure) (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	1,847	1,847
Actual Yearend Performance for FY 2008-2009 is not available because a baseline had not yet been established. LaCHIP Affordable Plan was implemented in June 2008 and claim data for the program is just now being analyzed using HEDIS measures, which require 1-2 years of data.							
K	Percentage of LAP eligibles who lost coverage due to failure to pay premium (LAPAS CODE - New)	Not Applicable	10.6%	Not Applicable	Not Applicable	10.6%	10.6%



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
	Research shows that the percentage of closures due to failure to pay a premium is as high as 64% in some other states, but Louisiana is taking steps to ensure this percentage is much lower. First Louisiana offers an autodraft option that ensures premium payments are received on time for those clients who elect to use the service. We also actively promote the use of this free product. A call is also placed to all members who have unpaid premiums after the due date in an effort to retain eligible children and not lose them because of this procedural option. Members are reminded about their unpaid balance, can be reminded of the autodraft option, and are given the chance to report any changes in household situation. A third tool used is a grace period that allows members to pay after the due date and remain covered, without reapplying for one month.						
K	Percentage of enrollees reporting satisfaction with LAP and access to services (OGB CAHPS Survey) (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	80.6%	80.6%
	Actual Yearend Performance for FY 2008-2009 is not available because a baseline had not yet been established. The LaCHIP Affordable Plan was implemented in June 2008 and the program's third party administrator, Office of Group Benefits, is now preparing a customer service satisfaction survey which will return results by the end of FY 2010.						
K	Number of well-care visits, including immunizations, for adolescents (HEDIS measure) (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	1,587	1,587

4. (KEY) Through the Louisiana Health Insurance Premium Payment (LaHIPP) Program activity, to assist eligible individuals and families in purchasing private health insurance through an employer while maintaining Medicaid/LaCHIP coverage as a secondary payor of medical expenses, resulting in reduced cost exposure to the state.

State Outcome Goals Link: Better Health - This activity focuses on ensuring access to affordable and appropriate care to Medicaid & LaCHIP eligibles and their families who have access to employer sponsored health insurance. Through coordination of services with private insurance, the state Medicaid agency is able to leverage other resources that would otherwise have to be assumed for this population in the entitlement program. LaHIPP reduces the number of uninsured Louisiana residents and lowers Medicaid spending by establishing a third party resource as the primary payer of medical expenses. Medicaid pays only after a third party has met the legal obligation to pay.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of cases added in LaHIPP (LAPAS CODE - 22327)	400	423	100	480	500	960

K	LaHIPP Total Savings (Cost of Care less LaHIPP Premium Costs) in Millions (LAPAS CODE - New)	Not Applicable	\$ 8	Not Applicable	Not Applicable	\$ 19	\$ 9
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The Louisiana Health Insurance Premium Payment program is part of Louisiana Medicaid. When it is determined to be cost-effective to pay the insurance premium for an employed Medicaid recipient or employed family member of a Medicaid recipient where employer-sponsored health insurance coverage is available to cover the Medicaid recipient rather than pay the medical expenses associated with that Medicaid recipient, Louisiana Medicaid may pay some or all of the health insurance premiums for an employee and his/her family. The goal of the program is to reduce the number of the uninsured and lower Medicaid spending by establishing a third party resource as the primary payer of the medical expenses. Medicaid pays only after a third party resource has met the legal obligation to pay. Medicaid is always the payer of last resort. Therefore the more cases that are enrolled in the LaHIPP program the greater the savings Louisiana Medicaid should realize.



306_4000 — Uncompensated Care Costs

Program Authorization: The Constitution of Louisiana (1974) Article 12, Section 8, Public Law 89-97 and the Balanced Budget Act of 1997 (BBA) (Public Law 105-33), as amended by technical amendments (Public Law 105-100, signed into law on November 19, 1997).

Program Description

The mission of the Uncompensated Care Costs Program is to encourage hospitals and providers to serve uninsured and indigent clients. As a result, the client's quality of and access to medical care is improved. Louisiana's disproportionate share hospital (DSH) cap allotment provides federal funding to cover a portion of qualifying hospitals' costs of treating the uninsured and Medicaid patients. If this funding was not available, hospitals' costs of treating the uninsured would have to be financed by State General Fund.

The goal of the Uncompensated Care Costs Program is to encourage hospitals and other providers to provide access to medical care for the uninsured and to reduce reliance on the State General Fund to cover these costs.

The Uncompensated Care Costs program consists of one activity: Uncompensated Care Costs - compensation for the care given in hospitals to individuals who are uninsured and those who are eligible for Medicaid but not all Medicaid costs were reimbursed through the Medicaid rates. Hospitals must qualify to receive such payments. The following hospitals currently receive these payments:

- LSUHSC – Health Care Services Division
- LSUHSC – Shreveport
- LSUHSC – E. A. Conway
- LSUHSC – H. P. Long
- DHH – Villa Feliciana Chronic Disease Hospital
- DHH – Public Psychiatric Free Standing Units
- Some Private Hospitals

For additional information, see:

Medical Vendor Payments

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$211,532,137	\$581,291,942	0	Uncompensated Care Costs - Funds payments to hospitals for providing inpatient and outpatient care for uninsured and low-income individuals.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$211,532,137	\$581,291,942	0	Grand Total of Activities Recommended including Non T.O. FTE Ceiling



Uncompensated Care Costs Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 233,518,618	\$ 262,170,693	\$ 268,809,834	\$ 217,284,823	\$ 211,532,137	\$ (57,277,697)
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	2,500,000	9,642,375	9,642,375	0	(9,642,375)
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	611,766,036	616,641,705	650,896,145	385,648,165	369,759,805	(281,136,340)
Total Means of Financing	\$ 845,284,654	\$ 881,312,398	\$ 929,348,354	\$ 612,575,363	\$ 581,291,942	\$ (348,056,412)
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	845,284,654	881,312,398	929,348,354	612,575,363	581,291,942	(348,056,412)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 845,284,654	\$ 881,312,398	\$ 929,348,354	\$ 612,575,363	\$ 581,291,942	\$ (348,056,412)
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The Uncompensated Care Cost Program is funded with State General Fund and Federal Funds. The Federal Funds represent federal financing participation on Uncompensated Care Costs, matched at a rate of 63.61% for Fiscal Year 2010-2011.

Uncompensated Care Costs Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
LA Medical Assistance Trust Fund	\$ 0	\$ 2,500,000	\$ 9,642,375	\$ 9,642,375	\$ 0	\$ (9,642,375)



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 268,809,834	\$ 929,348,354	0	Existing Oper Budget as of 12/1/09
			Statewide Major Financial Changes:
(6,639,141)	(48,035,956)	0	Non-recurring Carryforwards
			Non-Statewide Major Financial Changes:
(3,911,170)	(11,693,867)	0	Adjusts funding in the Public Providers and Uncompensated Care Cost (UCC) programs due to the increased or decreased need for Title XIX and UCC in the various agencies' recommended budgets.
24,402,683	0	0	Means of financing swap as a result of the federal Uncompensated Care Costs (straight) match rate changing from 67.61% to 63.61%.
(9,097,500)	(25,000,000)	0	Reduction of DSH Community Hospital Pool based on actual expenditures.
(64,282,569)	(198,464,244)	0	Reduction in funding due to the loss of federal dollars as a result of a change to federal rules for collection of DSH payments. Also known as "DSH audit rule reduction".
(250,000)	(687,002)	0	Transfer State General Fund from Mental Health Emergency Room Extension to Capital Area Human Service District.
0	(64,175,343)	0	Non-recur LSU Certified Public Expenditures.
2,500,000	0	0	Means of financing swap using State General Fund to replace one-time Medical Assistance Trust Fund for rural hospitals.
\$ 211,532,137	\$ 581,291,942	0	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 211,532,137	\$ 581,291,942	0	Base Executive Budget FY 2010-2011
\$ 211,532,137	\$ 581,291,942	0	Grand Total Recommended

Professional Services

Amount	Description
	This program does not have funding for Professional Services for Fiscal Year 2010-2011.

Other Charges

Amount	Description
	Other Charges:
\$47,653,103	Public Rural Hospitals
\$883,648	Public Rural Health Clinics



Other Charges (Continued)

Amount	Description
\$1,238,906	Private Rural Health Clinics
\$7,000,000	Non-Rural Hospitals
\$10,312,998	Other Hospitals
\$10,000,000	Public and Private Community Hospital Pool
\$77,088,655	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$294,789,636	Louisiana State University Health Care Services Division
\$96,672,988	Louisiana State University Health Sciences Center at Shreveport
\$51,385,520	Louisiana State University Health Sciences Centers Huey P. Long and E. A. Conway Hospitals
\$60,329,143	Office of Mental Health Psyc Free Standing Units
\$1,026,000	Villa Feliciana
\$504,203,287	SUB-TOTAL INTERAGENCY TRANSFERS
\$581,291,942	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.

Performance Information

- (KEY) Through the Uncompensated Care Costs activity, to encourage hospitals and other providers to provide access to medical care for the uninsured and reduce reliance on State General Fund by collecting disproportionate share (DSH) payments from UCC.**

State Outcome Goals Link: Better Health - Without access to care, the uninsured population is likely to experience poorer health outcomes because they may not receive recommended screenings and follow-up care for urgent medical conditions. Delaying or forgoing needed medical care increases overall health care costs incurred by everyone because uninsured patients are more likely to be treated in either an emergency room or to be hospitalized for avoidable medical conditions. High bills that uninsured patients incur can permanently jeopardize their family's financial security. The Uncompensated Care Costs Program also funds a significant portion of the cost of training physicians in Louisiana hospitals which results in long-term increased access to primary, preventive and specialty care for all state citizens.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Link(s) (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: Disproportionate Share Hospitals (DSH) are federally mandatory hospitals serving a larger percentage of Medicaid and/or uninsured patients.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Total DSH funds collected in millions (LAPAS CODE - 17040)	\$ 993.0	\$ 826.6	\$ 923.9	\$ 881.3	\$ 610.1	\$ 581.3
Existing Performance Standard FY 2009-2010 number as per BA-7 #46 approved on 8/14/2009.							
K	Total federal funds collected in millions (LAPAS CODE - 17041)	\$ 733.6	\$ 587.1	\$ 684.2	\$ 616.6	\$ 385.3	\$ 369.8
Existing Performance Standard FY 2009-2010 number as per BA-7 #46 approved on 8/14/2009.							
S	Total State Match in millions (LAPAS CODE - 17042)	\$ 259.5	\$ 239.5	\$ 239.1	\$ 264.7	\$ 224.8	\$ 211.5
Existing Performance Standard FY 2009-2010 number as per BA-7 #46 approved on 8/14/2009.							
S	Public Disproportionate Share (DSH) in millions (LAPAS CODE - 2268)	\$ 787.6	\$ 683.6	\$ 748.7	\$ 761.6	\$ 520.0	\$ 504.2
Hospitals included in the "Public" group are hospitals that are state owned, including DHH and LSU operated hospitals. Private and Rural hospitals and health clinics are not included in the "Public" numbers, but they are considered in the "Total" DSH amounts. Existing Performance Standard FY 2009-2010 number as per BA-7 #46 approved on 8/14/2009.							
S	State Match in millions (public only) (LAPAS CODE - 2270)	\$ 225.9	\$ 196.4	\$ 213.3	\$ 225.9	\$ 140.0	\$ 183.5
Hospitals included in the "Public" group are hospitals that are state owned, including DHH and LSU operated hospitals. Private and Rural hospitals and health clinics are not included in the "Public" numbers, but they are considered in the "Total" DSH amounts. Existing Performance Standard FY 2009-2010 number as per BA-7 #46 approved on 8/14/2009.							
K	Amount of federal funds collected in millions (public only) (LAPAS CODE - 2271)	\$ 561.7	\$ 487.3	\$ 535.4	\$ 535.7	\$ 328.4	\$ 320.7
Hospitals included in the "Public" group are hospitals that are state owned, including DHH and LSU operated hospitals. Private and Rural hospitals and health clinics are not included in the "Public" numbers, but they are considered in the "Total" DSH amounts. Existing Performance Standard FY 2009-2010 number as per BA-7 #46 approved on 8/14/2009.							



306_5000 — Recovery Funds

Program Description

The purpose of the Primary Care Access Stabilization Grant is to help stabilize and expand primary care Services to Region 1 to all, regardless of a patient's ability to pay.

The Primary Care Access and Stabilization Grant (PCASG) is a three-year, \$100 million grant for eligible outpatient clinics in DHH Region 1 (New Orleans metro area) to be used for payments to eligible primary care clinics, including primary mental health care, to help stabilize and expand primary healthcare access in the Greater New Orleans neighborhoods that were not adequately served as a result of Hurricane Katrina.

For additional information, see:

Medical Vendor Payments

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$0	\$6,080,810	0	Primary Care Access Stabilization Grant - For outpatient clinics in the New Orleans metro area.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$0	\$6,080,810	0	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Recovery Funds Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 0	\$ 0	\$ 0	\$ 13,846,487	\$ 0	\$ 0
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	43,032,077	17,927,297	17,927,297	4,080,810	6,080,810	(11,846,487)
Total Means of Financing	\$ 43,032,077	\$ 17,927,297	\$ 17,927,297	\$ 17,927,297	\$ 6,080,810	\$ (11,846,487)



Recovery Funds Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	43,032,077	17,927,297	17,927,297	17,927,297	6,080,810	(11,846,487)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 43,032,077	\$ 17,927,297	\$ 17,927,297	\$ 17,927,297	\$ 6,080,810	\$ (11,846,487)
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 0	\$ 17,927,297	0	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
0	(11,846,487)	0	Non-recur federal budget authority for the Primary Care Access Stabilization Grant.
\$ 0	\$ 6,080,810	0	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 0	\$ 6,080,810	0	Base Executive Budget FY 2010-2011
\$ 0	\$ 6,080,810	0	Grand Total Recommended



Professional Services

Amount	Description
	This program does not have funding for Professional Services for Fiscal Year 2010-2011.

Other Charges

Amount	Description
	Other Charges:
\$5,074,121	Primary Care Access Stabilization Grant payments
\$5,074,121	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$1,006,689	Primary Care Access Stabilization Grant payments
\$1,006,689	SUB-TOTAL INTERAGENCY TRANSFERS
\$6,080,810	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.



09-307 — Office of the Secretary



Agency Description

The mission of the Office of the Secretary is to provide both quality leadership and support to the various offices and programs in the Department of Health and Hospitals so their functions and mandates can be carried out in an efficient and effective manner.

The goal of the Office of the Secretary is to provide overall direction and administrative support to the Department.

The Office of the Secretary includes the following human resources policies that are helpful and beneficial to women and children: the Family Medical Leave Policy (8108-93), the Sexual Harassment Policy (8143-02), and the Equal Employment Opportunity Policy (8116-77). In addition, the Office of the Secretary Auxiliary Account (HEAL), operates a day care center in the New Orleans Medical Complex. The agency offers flexibility in work schedules and the availability of Dependent Day Care Spending Accounts assist both women and their families.

The Office of the Secretary has three programs: Management and Finance, Grants and the Health Education Authority of Louisiana Auxiliary Account.

For additional information, see:

[Office of the Secretary](#)

Office of the Secretary Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 59,008,045	\$ 57,810,055	\$ 57,810,055	\$ 47,778,329	\$ 51,226,310	\$ (6,583,745)
State General Fund by:						
Total Interagency Transfers	5,372,060	54,433,872	56,029,224	48,023,764	78,883,412	22,854,188
Fees and Self-generated Revenues	5,792,631	6,739,899	6,739,899	6,522,531	6,462,003	(277,896)
Statutory Dedications	12,738,714	2,900,000	2,900,000	506,500	3,243,819	343,819



Office of the Secretary Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	12,130,947	63,618,240	63,618,240	63,365,815	15,365,815	(48,252,425)
Total Means of Financing	\$ 95,042,397	\$ 185,502,066	\$ 187,097,418	\$ 166,196,939	\$ 155,181,359	\$ (31,916,059)
Expenditures & Request:						
Management and Finance	\$ 75,968,018	\$ 126,969,613	\$ 128,564,965	\$ 108,293,697	\$ 145,784,019	\$ 17,219,054
Grants	18,899,766	58,305,828	58,305,828	57,665,828	9,165,828	(49,140,000)
Auxiliary Account	174,613	226,625	226,625	237,414	231,512	4,887
Total Expenditures & Request	\$ 95,042,397	\$ 185,502,066	\$ 187,097,418	\$ 166,196,939	\$ 155,181,359	\$ (31,916,059)
Authorized Full-Time Equivalents:						
Classified	386	370	370	358	356	(14)
Unclassified	11	11	11	11	11	0
Total FTEs	397	381	381	369	367	(14)



307_1000 — Management and Finance

Program Authorization: R.S. 36:251-259

Program Description

The mission of the Management and Finance Program is to provide both quality and timely leadership and support to the various office and programs within the Department of Health and Hospitals so that their functions and mandates can be carried out in an efficient and effective manner.

The goal of the Office of Management and Finance is to provide overall direction and administrative support to the agencies and activities within the Department.

The Management and Finance Program includes the following activities:

- Executive Administration and Program Support – Executive Management provides leadership, technical support, strategic and policy direction to various functions throughout the department and ensures that policies and procedures put in place are relevant to the structure of agency operations and adhere to strictest government performance and accountability standards. The Bureau of Media and Communications is responsible preparing and distributing information relevant to all operations of the department. The bureau's main functions involve public information, internal communications and computer graphics. The intergovernmental relations section coordinates legislative activities and communication between legislators and members of congress; reviews/tracks legislation and maintains a continuous stream of information for the citizens of Louisiana, executive staff of the department, the Legislature, Office of the Governor, and various news media. Bureau of Policy Research and Program Development provides research, develops and implements special initiatives within the department and provides technical assistance in the areas of policy interpretation and cost-effectiveness calculations for waivers. It also includes a Policy Research section which is responsible for establishing state health policy directions, setting standards based on "best practices", including establishment of new programs and services, and building consensus for initiatives with applicable constituency groups. Human Resources, Training & Staff Development provides services to applicants, employees, and managers in the areas of Time & Attendance, Employee Relations, Labor Law Compliance, Classification, Pay Administration, Performance Planning & Review, Drug Testing, Employee Administration, and Staff Development.
- Primary Care and Community Health Access - The Bureau of Primary Care and Rural Health (BPCRH) is dedicated to improving the health status of Louisiana residents in rural and underserved areas. The Bureau works proactively to build the capacity of community health systems in order to provide integrated, efficient, and effective health care services. The Bureau provides technical assistance to communities, Federally Qualified Health Centers (FQHCs), physician practices, Rural Health Clinics (RHCs) and Small Rural Hospitals (SRHs): the Health Systems Development Unit provides strategic planning, needs assessments, group facilitation and resource development to create community support and to ensure the success of health care development projects and administers the federal State Office of Rural Health Grant, Rural Hospital Flexibility Grant (Flex) and Small Rural Hospital Improvement Grant (SHIP). This unit also certifies Rural Health Clinics (RHCs) and administers the community-based and rural health program grants; the Recruitment and Retention Services Unit provides incentives for physicians to practice in underserved areas and designates Health Professional Shortage Areas (HPSAs) and administers the J-1 Visa Waiver Program, the State Loan Repayment Program for physicians and nurses, the National Health Service Corps, and the federal State Office of Primary Care Grant. The unit works in conjunction with Med Job Louisiana, the state's free professional recruitment service; the Practice Management Consulting Unit uses market analyses, feasibility studies, patient flow analysis, medical records review, Medicaid and insurance



billing technical assistance, and medical coding training to promote better financial performance, enhanced quality of care, and better patient health outcomes for primary care providers in rural and underserved areas; the Chronic Disease Prevention and Control Unit is responsible for administering programs related to the state's chronic disease initiatives in the areas of tobacco control, diabetes, heart disease, stroke and asthma; the Operations Support Unit is responsible for managing the Bureau's funding streams from various governmental and philanthropic agencies and any other ancillary grant activities funding and budgets administered and/or received by the Bureau; the Health Information Services Unit provides essential health data, conducts research, and provides tools used in assessing community health needs, applying for health resources and developing health care services. In addition to supporting other units within the Bureau, the resources within Health Information Services are directly available to individuals, providers, and organizations striving to improve their ability to access and provide health care. This unit also manages the U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System Survey (BRFSS) for Louisiana. The BRFSS is the primary source of data for states and the nation on the health-related behaviors of adults; The Statewide Pharmacy Access Initiative guides the development and implementation of a statewide pharmacy access program to incorporate community and regional initiatives and expand services to provide access to pharmaceuticals for uninsured and underinsured residents of Louisiana. The Governor's Council on Physical Fitness and Sports (Governor's Games) promotes physical fitness and health through participating in competitive sports, workshops and conferences. Its main purpose is to motivate all Louisianans to become and stay physically active by promoting the benefits of physical activity through sports and fitness programs. The Governor's Games offers 53 Olympic style sporting events across the state that provides an opportunity for competition, physical activities for all ages, skill level, and economic demographics. Some of the sporting events include: basketball, baseball, boxing, golf, karate, gymnastics, swimming, volleyball, weightlifting and track & field. The Governor's Council on Physical Fitness and Sports also hosts "Lighten Up Louisiana," a six-month weight loss and physical activity challenge that encourages Louisianans to develop and sustain healthy levels of physical activity and eating habits. These programs foster and encourage ways for Louisiana residents to become physically fit by getting them involved in competitive activities that require physical fitness.

- Financial and Procurement Services - Audit ensures internal controls are established and operating in accordance with applicable laws and regulations, and that procedures are sufficient to prevent or detect errors and/or fraud. Audit is responsible for providing management with an independent appraisal of all operations and activities within the department and for assuring that compliance is maintained with prescribed federal and state laws. Contracts and Procurement Support performs administrative service activities for the department in accordance with the policies issued by the Division of Administration, Governor's Executive Orders, and internal departmental policies and procedures. Activities of Contracts and Procurement Support include the responsibility for the administration, management and provision of technical assistance in processing of personal, professional, consulting and social service contracts; procurement documents; building leases; property and fleet management functions; maintenance of moveable property inventory; telecommunications functions; and processes all ingoing and outgoing mail for DHH administration building. Fiscal Management performs accounting functions which includes depositing revenue into the State's Treasury, processing expenditures, preparing and issuing financial reports and maintenance of DHH's general ledger on the State's financial system. Health Economics prepares the Medicaid Monthly Financial Report, the Medicaid Annual Report, maintains a Medicaid expenditure forecasting model and databases with historical and current expenditures and health services utilization information. Planning & Budget administers and facilitates the operation of the budget process and performance accountability activities; provides technical assistance, analyzes budget request, monitors the legislative process, conducts expenditure analyses; manages and monitors the department's performance accountability and strategic planning information by assisting agencies in integrating agency plans with budget requests, developing goals, objectives, performance measures, and reviewing quarterly performance progress reports.



- **Legal Services and Appeals** - The Bureau of Legal Services provides legal services, such as advice and counsel, litigation, administrative hearings, policy and contract review, recoupment, legislation, personnel and Civil Service, and special projects. Legal Services also assists the agency in statewide departmental operations by observing and participating in management discussions, day-to-day operations, conducting legal risk analysis, and providing representation to the various offices of the department. The Bureau of Appeals provides fair and timely adjudicative services and promotes confidence in the integrity of the appeals process through fair, timely, efficient and legally correct adjudication of disputes and protests. Administrative hearings are legal proceedings similar to a non-jury trial in a court of law. Hearings are conducted by administrative law judges who are licensed attorneys in the State of Louisiana. The Bureau of Appeals ensures parties aggrieved by the Department of Health & Hospitals decisions have access to due process of law and ensures that the hearing process is accessible to all parties who have business before the Bureau of Appeals.
- **Information Technology** - DHH Information Technology (IT) develops, implements, and maintains the department’s technology infrastructure. The IT activity also provides innovative and computer technologies the department employees and its customers need to support of the department’s overall mission: to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana. By partnering with the offices of DHH and the citizens they support, IT provides and facilitates quality information technology solutions, support, information, guidance, and standards in order for DHH to accomplish its mission and goals. The IT staff fulfills these responsibilities through consistent staff training and development, and by exemplifying Ownership, Thoroughness, Communication and Closure (OTCC) in all aspects of their work.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$16,506,566	\$104,936,013	112	Administration and Support - provide administration and support services to the department.
\$1,371,666	\$7,367,218	22	Primary Care and Community Services - provide technical assistance to communities, Federally Qualified Health Centers, physician practices, rural health clinics and small rural health hospitals to residents in rural and underserved areas.
\$12,543,901	\$13,539,611	107	Financial and Procurement services - provide fiscal and procurement services to the department.
\$5,479,441	\$5,479,441	47	Legal services - provide legal services to the department.
\$14,461,736	\$14,461,736	77	Information Technology - provide information technology services to the department.
		26	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$50,363,310	\$145,784,019	391	Grand Total of Activities Recommended including Non T.O. FTE Ceiling



Management and Finance Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 57,395,045	\$ 55,807,055	\$ 55,807,055	\$ 46,414,955	\$ 50,363,310	\$ (5,443,745)
State General Fund by:						
Total Interagency Transfers	5,372,060	54,433,872	56,029,224	48,023,764	78,883,412	22,854,188
Fees and Self-generated Revenues	34,800	513,274	513,274	285,491	230,491	(282,783)
Statutory Dedications	12,738,714	2,900,000	2,900,000	506,500	3,243,819	343,819
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	427,399	13,315,412	13,315,412	13,062,987	13,062,987	(252,425)
Total Means of Financing	\$ 75,968,018	\$ 126,969,613	\$ 128,564,965	\$ 108,293,697	\$ 145,784,019	\$ 17,219,054
Expenditures & Request:						
Personal Services	\$ 33,352,875	\$ 34,016,221	\$ 34,191,221	\$ 35,165,585	\$ 33,810,170	\$ (381,051)
Total Operating Expenses	5,152,618	6,306,919	6,306,919	6,116,026	6,050,675	(256,244)
Total Professional Services	6,409,547	9,525,432	9,350,432	8,683,428	9,635,177	284,745
Total Other Charges	30,828,738	76,964,835	78,560,187	58,186,658	96,152,497	17,592,310
Total Acq & Major Repairs	224,240	156,206	156,206	142,000	135,500	(20,706)
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 75,968,018	\$ 126,969,613	\$ 128,564,965	\$ 108,293,697	\$ 145,784,019	\$ 17,219,054
Authorized Full-Time Equivalents:						
Classified	384	368	368	356	354	(14)
Unclassified	11	11	11	11	11	0
Total FTEs	395	379	379	367	365	(14)

Source of Funding

The Management and Finance Program is funded from State General Fund, Interagency Transfers, Fees and Self-generated Revenues, Statutory Dedications, and Federal Funds. Interagency Transfer means of financing represents funds received from the Department of Social Services for the Pandemic Influenza Program and the Social Services Block Grant; Medical Vendor Administration for the Council on Physical Fitness; the Office of Emergency Preparedness for FEMA reimbursements; and the Office of Community Development for Permanent Supportive Housing. Fees and Self-generated Revenues include payments for grants received for the Rapides Foundation, the Workforce Recovery Training, and miscellaneous revenue (e.g., fees set for rate setting appeals, copying fees, review of construction plans, etc). The Statutory Dedications represent funding received from the Louisiana Fund, the Louisiana Health Care Redesign Fund, the Telecommunications for the Deaf Fund, and the Overcollections Fund. (Per R.S. 39:36B. (8), see table below for a listing of expenditures out of each Statutory Dedication Fund.) The Federal Funds are derived from the Asthma Trigger Project



Grant, the Behavioral Risk Factors Grant, Cardiovascular Disease Prevention Grant, CMS Systems Transformation Grant, Diabetes Control Grant, Greater New Orleans Health Services Corps Grant, Health and Human Services Hospital Preparedness Grant, Louisiana Integrated Treatment Services, Minority Health Grant, Primary Care Grant, Rural Health Critical Access Grant, Rural Health Grant, Small Rural Hospital Improvement Grant, State Planning Grant, and the Tobacco Use Prevention and Control Grant.

Management and Finance Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Telecommunications for the Deaf Fund	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,743,819	\$ 2,743,819
Louisiana Health Care Redesign Fund	875,334	1,900,000	1,900,000	0	0	(1,900,000)
Overcollections Fund	11,388,965	500,000	500,000	0	0	(500,000)
Louisiana Fund	474,415	500,000	500,000	506,500	500,000	0

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 55,807,055	\$ 128,564,965	379	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
3,089	3,089	0	Civil Service Training Series
1,126,243	1,126,243	0	State Employee Retirement Rate Adjustment
(1,014,485)	(1,014,485)	(12)	Personnel Reductions
14,000	135,500	0	Acquisitions & Major Repairs
(3,000)	(156,206)	0	Non-Recurring Acquisitions & Major Repairs
(61,283)	(61,283)	0	Risk Management
33,211	94,888	0	Legislative Auditor Fees
5,907	16,878	0	Rent in State-Owned Buildings
465	1,328	0	Capitol Park Security
(300)	(858)	0	UPS Fees
689	689	0	Civil Service Fees
(2,726)	(2,726)	0	CPTP Fees
43,931	125,518	0	Office of Computing Services Fees
Non-Statewide Major Financial Changes:			
0	(1,900,000)	0	Non-recur one time funding for LaRHIX (Louisiana Rural Hospital Information Exchange System) with the Health Care Redesign Fund in the Administrative and Support activity
0	(6,400,000)	0	Non-recur partial funding for the HVAC generator program in the Administrative and Support activity. The funding is from the Governor's Office of Homeland Security and Emergency Preparedness. The total funding in FY 11 is \$25,796,000.



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
(5,000,000)	(5,000,000)	0	Non-recur one time funding for the Electronic Health Records Loan Program in the Administrative and Support activity. It was created by Act 489 of 2009 legislative session.
0	(226,011)	0	Non-recur the Rapides Foundation grant in the Primary Care and Community Services activity
0	(1,750,000)	0	Non-recur the Social Services Block Grant (SSBG) from the Department of Social Services in the Primary Care and Community Services activity
0	(232,491)	0	Non-recur the Federal Quitline Grant in the Primary Care and Community Services activity
(1,135,815)	(1,135,815)	(11)	Reduce funding in the Bureau of Legal Services
(592,076)	(592,076)	0	Reduce expenditures on supplies, travel and professional contracts. This is the annualization of FY 2009-2010 mid-year budget reduction.
0	1,859,648	0	Increase funding from the Office of Community Development for permanent supportive housing program. The total FY11 funding in DHH is \$17,062,178.
0	2,743,819	4	Transfer the Deaf Commission from the Department of Social Services per Streamlining Government Commission recommendation. The funding source is the Telecommunications for the Deaf Fund.
(527,206)	(582,206)	(6)	Eliminate the engineering & architecture services section
757,676	757,676	10	Transfer 10 T.O. FTE positions from the Office of Public Health
907,935	907,935	1	Transfer one position and funding for the Birth Outcomes Initiative from the Office of Public Health
0	29,000,000	0	Funding for the New Orleans clinics from the Division of Administration - Community Development Block Grant
0	(500,000)	0	Non-recur one-time funding for Special Legislative Projects (SLP)
\$ 50,363,310	\$ 145,784,019	365	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 50,363,310	\$ 145,784,019	365	Base Executive Budget FY 2010-2011
\$ 50,363,310	\$ 145,784,019	365	Grand Total Recommended

Professional Services

Amount	Description
\$45,000	Professional appraisal of the Department of Health and Hospital (DHH) facilities and equipment used in maximizing the collection of federal funds.



Professional Services (Continued)

Amount	Description
\$525,000	Provide legal representation and consultation to DHH in complex Medicaid litigation, including but not limited to: litigation by health care providers challenging rate reductions in the Medicaid program, litigation related to application of the Americans with Disabilities Act to the Medicaid program, bankruptcy proceedings involving Medicaid agencies and disallowances proposed by the Center for Medicare and Medicaid Services (CMS). Provide legal consultation to the Medicaid program regarding intergovernmental transfers, multi-state Medicaid coalitions and Medicaid pilot initiatives and waivers. Provide polygraph examinations, when appropriate, to assist in agency investigations of allegations of staff, provider or client misconduct. This tool is especially helpful when the patient is non verbal and there are no third party witnesses.
\$558,500	Programmers and Data Processing Consultants - Fiscal Management contracts for upgrading and maintaining financial management subsystems. Information Technology contracts for training services in learning new software and upgrades in existing software, and also receives support in maintaining local and wide area networks. Various Regional sites contract for computer trouble shooting.
\$663,686	CENLA Pharmacy Initiative and funding for services provided by Area Health Education Centers around the state in support of MedJob Louisiana.
\$719,258	Birth Outcome Initiative
\$488,150	Office of the Secretary - Provide consulting services to DHH Secretary for various projects including but not limited to Healthcare Redesign Issues, standards and survey instrument for the establishment of Local Governance Entities, and revenue maximization efforts.
\$4,330,833	Bureau of Research & Development/Rural Health & Primary Care - Provide technical and financial assistance to small rural and critical access hospital staff with development of initiatives to increase access to quality health care. Provide medical prospective in the design and development of the Models of Excellence RFP. Contracts associated with the services provided by the Chronic Disease Unit - funded primarily with Federal grants related to Tobacco Prevention.
\$50,000	Transparency Initiative
\$2,254,750	Miscellaneous Contractual Services - 1) Minority Health and Governor's Council on Physical Fitness; 2) Provider Fee Audits and Cost Report reviews; 3) Provide LA's hospitals for bioterrorism through a statewide hospital response plan; 4) Provide consultation services for the CMS Real Choice Systems Transformation project; 5) Contracts in support of the Permanent Supportive Housing initiative
\$9,635,177	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$29,000,000	New Orleans clinics
\$25,000	Provides for expenditures associated with travel costs for national healthcare experts
\$10,000	JP Morgan and Credit Management Control
\$23,500	State Board of Nursing
\$25,796,000	HVAC Generator Program
\$233,738	Administration costs for Human Service Districts prior to them becoming separate budget units
\$4,006,194	Disaster preparation from the HHS Hospital Preparedness Grant
\$1,595,352	H1N1 Vaccination Campaign
\$173,500	Expenditures and contractual agreements associated with the Chronic Disease Unit within the Bureau of Primary Care and Rural Health
\$5,642,753	From GOHSEP for reimbursements associated with hurricane funding from FEMA. This is pass-thru payments to Hospitals and Nursing Homes for Sheltering
\$2,743,819	Louisiana Commission for the Deaf services
\$69,249,856	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$10,000	Division of Administration for State Printing Costs



Other Charges (Continued)

Amount	Description
\$16,553	Division of Administration for Uniform Payroll Services
\$340,357	Department of Public Safety for Capitol Park Security
\$10,183	Division of Administration for Comprehensive Public Employees' Training Program (CPTP)
\$87,943	Department of Civil Service Fees
\$963,206	Division of Administration for Office of Computer Services
\$69,043	Division of Administration for Statewide Cost Allocation Plan
\$12,000	Division of Administration for the allocated cost of state mail operations
\$885,716	Office of Risk Management for insurance costs
\$666,053	Legislative Auditor's Office for the performance of financial and program compliance audits
\$2,854,925	Division of Administration for rent in the Bienville Building and Galvez Parking Garage
\$10,505,000	Office of Aging and Adult services for permanent supportive housing
\$975,000	Capital Area Human Services District for permanent supportive housing
\$2,145,000	Office of Mental Health for permanent supportive housing
\$990,000	Florida Parishes Human Services District for permanent supportive housing
\$1,885,000	Jefferson Parish Human Services District for permanent supportive housing
\$300,000	South Central Louisiana Human Services Authority
\$638,668	Division of Administration for Louisiana Equipment Acquisition Fund (LEAF) Payments
\$1,035,568	Office of Public Health and Office of Mental Health for Emergency Medical Services training and education in hospitals for disaster preparation from the HHS Hospital Preparedness grant
\$25,000	Executive Office for the Children's Cabinet per Act 833 of 1997
\$8,000	Department of Labor for Unemployment Compensation
\$49,809	Department of the Treasury for central banking services
\$2,429,617	Office of Telecommunication Management for telephone/communication services
\$26,902,641	SUB-TOTAL INTERAGENCY TRANSFERS
\$96,152,497	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$135,500	Replacement of computers, printers etc.
\$135,500	TOTAL ACQUISITIONS AND MAJOR REPAIRS



Performance Information

1. (KEY) Through the Executive Administration and Program Support activity, to provide leadership, strategic and policy direction while maximizing resources and maintaining the highest level of government performance and accountability standards.

State Outcome Goal Link: The Executive Administration and Program Support mission is consistent with the goal of Transparent, Accountable, and Effective Government. DHH embraces this philosophy as we believe that state government's internal services should be equally transparent, accountable, and efficient; getting more "Bang for the Buck" in internal services is especially important because it frees resources for more direct services to citizens. Additionally, the activities within the Office of the Secretary are all geared toward adhering to the strictest government performance and accountability standards, delivering transparent, accountable and effective government services and making the overall department more transparent by allowing citizens and customer agencies to hold us more accountable for the way in which dollars are spent.

Children's Cabinet 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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2008-2009	FY 2008-2009	FY 2009-2010	FY 2009-2010	FY 2010-2011	FY 2010-2011
K	Percentage of Office of the Secretary indicators meeting or exceeding targeted standards (LAPAS CODE - 10029)	75%	16%	75%	75%	80%	80%
S	Percentage of the department's employees receiving annual Performance Progress Report (PPR) ratings (LAPAS CODE - New)	Not Applicable	97%	Not Applicable	Not Applicable	98%	98%
K	Percentage of executed FEMA Heating, Ventilating, and Air Conditioning (HVAC) contracts with funds disbursed to the grant recipients within 14 working days following the contract execution date (LAPAS CODE - New)	Not Applicable	Not Available	Not Applicable	Not Applicable	98%	98%



2. (KEY) Through the Primary Care and Community Health Access activity, to provide technical assistance to communities, Federally Qualified Health Centers, physician practices, rural health clinics and small rural hospitals in order to improve the health status of Louisiana residents in rural and underserved areas.

State Outcome Goal Link: The Primary Care and Community Health Access mission is consistent with the goal of Better Health. The Bureau of Primary Care and Rural Health provides a continuum of services to establish, enhance and sustain health care services for all Louisiana residents. The Bureau of Primary Care and Rural Health's work depends on strong partnerships with state and federal partner organizations. Through collaboration and information sharing, the support services for primary and rural health care and community access organizations enable communities to effectively develop sustainable health care systems and solutions.

Children's Cabinet 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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Number of state partners, programs, and agencies that utilize the Behavioral Risk Factor Surveillance System survey results (LAPAS CODE - New)	Not Applicable	5	Not Applicable	Not Applicable	13	13
K	Number of emergency healthcare management training classes provided to critical access hospital staff (LAPAS CODE - New)	Not Applicable	18	Not Applicable	Not Applicable	18	18
K	Number of healthcare providers receiving practice management technical assistance (LAPAS CODE - New)	Not Applicable	200	Not Applicable	Not Applicable	200	200
K	Number of parishes and/or areas analyzed and designated as Health Professional Shortage Areas by the Federal government (LAPAS CODE - 12218)	Not Applicable	520	Not Applicable	Not Applicable	478	478
S	Percentage of school districts reporting implementation of 100% tobacco-free school policies (LAPAS CODE - New)	Not Applicable	29%	Not Applicable	Not Applicable	36%	36%



3. (SUPPORTING) Through the Primary Care and Community Health Access activity, and through the Governor's Council on Physical Fitness & Sports, to offer competitive sporting events, workshops and conferences that will educate elementary age school children about the importance of physical fitness and work with non-profit health oriented organizations to educate all age groups in Louisiana about the value of staying physically active.

State Outcome Goal Link: The Primary Care and Community Health Access mission is consistent with the goal of Better Health. The Governor's Council on Physical Fitness and Sports efforts depend on strong partnerships with state and local partner organizations. Through collaboration and information sharing, the Governor's Council on Physical Fitness and Sports and the Lighten Up Louisiana campaigns enable citizens of all ages, as well as communities, to develop and maintain positive changes that lead to healthier lifestyles.

Children's Cabinet 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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2008-2009	FY 2008-2009	FY 2009-2010	FY 2009-2010	FY 2010-2011	FY 2010-2011
S	Number of participants in the Governor's Games and Lighten Up Louisiana events (LAPAS CODE - New)	Not Applicable	27,000	Not Applicable	Not Applicable	87,000	87,000

4. (KEY) Through the Financial and Procurement Services activity, to promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology.

State Outcome Goal Link: The Financial and Procurement Services mission is consistent with the goal of Transparent, Accountable, and Effective Government. DHH embraces this philosophy as we believe that state government's internal services should be equally transparent, accountable, and efficient; getting more "Bang for the Buck" in internal services is especially important because it frees resources for more direct services to citizens. Additionally, the activities within the Office of the Secretary are all geared toward adhering to the strictest government performance and accountability standards, delivering transparent, accountable and effective government services and making the overall department more transparent by allowing citizens and customer agencies to hold us more accountable for the way in which dollars are spent.

Children's Cabinet 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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of invoices paid within 90 days of receipt (LAPAS CODE - New)	Not Applicable	99%	Not Applicable	Not Applicable	99%	99%
S	Number of internal audit reports released (LAPAS CODE - 22948)	Not Applicable	6	5	5	5	5
K	Percentage of budget related documents submitted in accordance with DOA and Legislative timelines (LAPAS CODE - New)	Not Applicable	98%	Not Applicable	Not Applicable	99%	99%
S	Percentage of contracts under \$20,000 approved within 4 weeks of receipt (LAPAS CODE - New)	Not Applicable	Not Available	Not Applicable	Not Applicable	75%	75%
S	Percentage of all Medicaid financial/forecast documents and requests submitted in accordance with executive management and legislative timelines (LAPAS CODE - New)	Not Applicable	98%	Not Applicable	Not Applicable	99%	99%

5. (KEY) Through the Legal Services and Appeals activity, to provide legal services to the various DHH agencies and programs and promote confidence in the integrity of the appeals process through fair, timely, efficient and legally correct adjudication of disputes and protests.

State Outcome Goal Link: The Legal Services and Appeals mission is consistent with the goal of Transparent, Accountable, and Effective Government. DHH embraces this philosophy as we believe that state government's internal services should be equally transparent, accountable, and efficient; getting more "Bang for the Buck" in internal services is especially important because it frees resources for more direct services to citizens. Additionally, the activities within the Office of the Secretary are all geared toward adhering to the strictest government performance and accountability standards, delivering transparent, accountable and effective government services and making the overall department more transparent by allowing citizens and customer agencies to hold us more accountable for the way in which dollars are spent.

Children's Cabinet 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



Performance Indicators

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of cases litigated successfully (LAPAS CODE - 10033)	90%	86%	90%	90%	90%	90%
K	Percentage of Medicaid appeals processed within 90 days of the date that the appeal is filed (LAPAS CODE - 10032)	95%	84%	90%	90%	90%	90%

Management and Finance General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of cases litigated (LAPAS CODE - 12050)	702	724	755	993	991
Amount recovered (LAPAS CODE - 12051)	\$ 6,460,078	\$ 5,978,158	\$ 4,769,717	\$ 7,739,866	\$ 20,469,241
Number of appeals received (LAPAS CODE - 12049)	3,889	3,101	3,665	3,601	4,177
Number of appeals pending (LAPAS CODE - 14012)	478	395	702	503	904
Number of Medicaid appeals processed (LAPAS CODE - 10030)	3,828	3,184	3,352	3,759	3,785
Number of Medicaid appeals processed within 90 days of the date that the appeal is filed (LAPAS CODE - 10031)	3,778	3,006	3,201	3,395	3,192

6. (KEY) Through the Information Technology activity, to reduce the cost of government Information Technology (IT) operations and enhance service delivery by providing technologies and a secure computing environment in accordance with industry standards.

State Outcome Goal Link: The Information Technology mission is consistent with the goal of Transparent, Accountable, and Effective Government. DHH embraces this philosophy as we believe that state government's internal services should be equally transparent, accountable, and efficient; getting more "Bang for the Buck" in internal services is especially important because it frees resources for more direct services to citizens. Additionally, the activities within the Office of the Secretary are all geared toward adhering to the strictest government performance and accountability standards, delivering transparent, accountable and effective government services and making the overall department more transparent by allowing citizens and customer agencies to hold us more accountable for the way in which dollars are spent.

Children's Cabinet 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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of response to requests for IT assistance in less than 24 hours (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	95%	95%



307_2000 — Grants

Program Authorization: R.S. 36:501, 504

Program Description

The mission of the Grants Program is to provide both quality and timely leadership and support to the various offices and programs in the Department of Health and Hospitals so that their functions and mandates can be carried out in an efficient and effective manner.

The goal of the Grants programs is to provide overall direction and administrative support to the Department.

The Grants Program includes one activity: Grant Administration. The following is a list of funding/grants that make up this program:

- Louisiana State Loan Repayment Program – This is a one-to-one matched federal and state funded program that provides educational loan repayment assistance to primary care, dental and mental health providers who agree to practice full-time in rural and urban health professional shortage areas. Health care provider participants agree to serve a two to three year service commitment in state, public or not-for profit health care facilities that accept Medicare, Medicaid and uninsured patients regardless of their ability to pay.
- Rural Health Grants – Provides time-limited grants to outpatient medical clinics located in rural areas.
- The Technology Assistance Grant/LATAN – The Technology Related Assistance to Individuals with Disabilities Act of 1988 authorized the U.S. Department of Education to grant funds to states to establish collaborative, consumer driven statewide Technology Assistance Networks to provide assistive technology services to individuals with disabilities. The Louisiana Assistive Technology Access Network (LATAN) is a consumer-directed, consumer-responsive advocacy and systems change project that involves consumers in planning, implementing and evaluating LATAN's activities. LATAN's mission is to collaborate with individuals with disabilities and agencies to develop and implement a seamless system of assistive technology services and supports for all individuals with disabilities in Louisiana. DHH provides fiscal support to LATAN, but does not administer the program or its activities.
- Hotel Dieu Lease Payments – The Louisiana Public Facilities Authority purchased the Hotel Dieu Hospital in New Orleans on December 31, 1992, and leased the facility to the Department of Health and Hospitals. The LSU Health Sciences Center, Health Care Services Division (HCSH) manages and operates the hospital through a cooperative agreement with the Department, and re-named the facility University Hospital.
- National Health Service Corps – This is a federal educational loan repayment and medical scholarship program that supports health care workforce in high need health professional shortage areas. Primary care, dental and mental health professionals serve a two to four year service commitment in public, state, for-profit and not-for-profit out-patient clinics that accept Medicare, Medicaid and uninsured patients regardless of their ability to pay. Prisons are also included in this program.



Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$863,000	\$9,165,828	0	Grants Administration - administer and monitor the agency's grants to ensure the access to primary and preventive health services in underserved communities.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$863,000	\$9,165,828	0	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Grants Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 1,613,000	\$ 2,003,000	\$ 2,003,000	\$ 1,363,000	\$ 863,000	\$ (1,140,000)
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	5,583,218	6,000,000	6,000,000	6,000,000	6,000,000	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	11,703,548	50,302,828	50,302,828	50,302,828	2,302,828	(48,000,000)
Total Means of Financing	\$ 18,899,766	\$ 58,305,828	\$ 58,305,828	\$ 57,665,828	\$ 9,165,828	\$ (49,140,000)
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	18,899,766	58,305,828	58,305,828	57,665,828	9,165,828	(49,140,000)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 18,899,766	\$ 58,305,828	\$ 58,305,828	\$ 57,665,828	\$ 9,165,828	\$ (49,140,000)
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



Source of Funding

The Grants Program is funded with State General Fund, Fees and Self-generated Revenues, and Federal Funds. The Fees and Self-generated Revenues are from LSU Health Sciences Center - Health Care Services Division for the Hotel Dieu lease payments. Federal Funds are derived from a series of federal grants: Technology Related Assistance For Individuals with Disabilities Act and the State Loan Repayment Program.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 2,003,000	\$ 58,305,828	0	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
(550,000)	(550,000)	0	Non-recur funding for the poison control center. This is a pass through project.
(50,000)	(50,000)	0	Non-recur funding for the Mary Bird Perkins Cancer Center. This is a pass through project.
0	(48,000,000)	0	Reduce excess budget authority
(500,000)	(500,000)	0	Reduce funding for the community based rural hospital scholarship program for new candidates
(40,000)	(40,000)	0	Non-recur one-time funding for Special Legislative Projects (SLP)
\$ 863,000	\$ 9,165,828	0	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 863,000	\$ 9,165,828	0	Base Executive Budget FY 2010-2011
\$ 863,000	\$ 9,165,828	0	Grand Total Recommended

Professional Services

Amount	Description
	This program does not have funding for Professional Services for Fiscal Year 2010-2011.

Other Charges

Amount	Description
	Other Charges:

Other Charges (Continued)

Amount	Description
\$1,140,000	Federal Grant for the Greater New Orleans Health Services Corp, to remedy the substantial loss of health care professionals in the greater New Orleans area following Hurricane Katrina. To accomplish this goal, DHH will offer a variety of incentive programs including: loan repayment, sign-on bonus, malpractice premium payment, relocation expenses, health information technology (HIT) continuing education expenses and income guarantee to induce health care professionals to remain or relocate to the impacted area. This is the administrative portion of the grant as all of the payments have been awarded.
\$440,000	Community-based Rural Health Program - Funding is made available to provide immediate financial assistance to rural and underserved parishes throughout the state to maintain and enhance: Med Job LA (a primary care provider recruitment program); assistance to communities to start new community health centers; practice management programs to assist rural health providers; and rural health provider grants for community health center development.
\$846,000	State Loan Repayment Program (SLRP) - The purpose of the SLRP is to recruit and or retain primary care practitioners into difficult-to-fill shortage areas, while reducing the practitioner's education debt.
\$739,828	Louisiana Technology Assistance Grant (LATAN) from the U.S. Department of Education to provide a technology-related assistance for disabled individuals. A statewide Technology Assistance Network to provide information to persons with disabilities, family members, professionals, service providers and state agency staff. Assistive technology devices will be purchased to ensure the clients can function more independently.
\$3,165,828	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	This program does not have funding for Interagency Transfers for Fiscal Year 2010-2011.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$3,165,828	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.

Performance Information

- (KEY) Through the Grants Administration activity, to promote efficient use of agency resources in the administration and monitoring of the agency's grants while ensuring access to primary and preventive health services in underserved communities.**

State Outcome Goal Link: The Grants Administration mission is consistent with the goal of Transparent, Accountable, and Effective Government. DHH embraces this philosophy as we believe that state government's internal services should be equally transparent, accountable, and efficient; getting more "Bang for the Buck" in internal services is especially important because it frees resources for more direct services to citizens. Additionally, the activities within the Office of the Secretary are all geared toward adhering to the strictest government performance and accountability standards, delivering transparent, accountable and effective government services and making the overall department more transparent by allowing citizens and customer agencies to hold us more accountable for the way in which dollars are spent.

Children's Cabinet 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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of Community Based Rural Health Program grant funds expended (LAPAS CODE - New)	Not Applicable	85%	Not Applicable	Not Applicable	90%	90%
K	Number of National Health Services Corp providers practicing in Louisiana (LAPAS CODE - 12219)	Not Applicable	49	Not Applicable	Not Applicable	100	100
K	Number of health care providers contracted with the Greater New Orleans Health Service Corps (GNOHSC) program (LAPAS CODE - New)	Not Applicable	Not Available	Not Applicable	Not Applicable	1,300	1,300
S	Number of new and existing health care practitioners recruited and supported to work in rural and underserved areas (LAPAS CODE - 8004)	17	46	43	43	43	43



307_A000 — Auxiliary Account

Program Authorization: R.S. 36:501, 504

Program Description

The mission of the Health Education Authority of Louisiana (HEAL) Auxiliary Account is to promote the medical and/or health educational activities of public and private entities and promotes health and welfare through encouraging and assisting in the provision of medical care and prompt and efficient health and health related services at reasonable cost by public and private institutions and organization in modern, well-equipped facilities, and strives to achieve superlative standards in health care and education.

The Health Education Authority of Louisiana (HEAL) Auxiliary Account has one activity: HEAL. This activity Plans, acquires and/or constructs facilities within a ten-mile radius of the Medical Center of Louisiana - New Orleans (formerly Charity Hospital) and provides for the financing, usually through revenue bonds, of such projects. The Authority is also responsible for the operations of a parking garage and day care center in the New Orleans medical complex. Through an exchange of information and data the institutions can plan their growth and future expansion. The master plan issued by HEAL has served as a blueprint for this development. At the request of a primary or participating institution, HEAL through tax exempt revenue bonds may finance the needs of these institutions.

HEAL has encouraged and looks for activities that will result in shared facilities such as a day care center, parking, centralized chilled water, steam and electricity plants. Other areas considered include laundry facilities, centralized warehouses, a student center, cafeteria, bookstores, and office buildings. Other non-revenue producing projects considered are medical libraries, a centralized computer center, maintenance depots and elevated walkways. HEAL currently operates a parking garage at the Charity Hospital and Medical Center of Louisiana at New Orleans.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$0	\$231,512	2	Health Education Authority of Louisiana - operate a parking garage at the Medical Center of Louisiana at New Orleans and promote medical education, research and health care.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$0	\$231,512	2	Grand Total of Activities Recommended including Non T.O. FTE Ceiling



Auxiliary Account Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 0	\$ 0	\$ 0	\$ 374	\$ 0	\$ 0
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	174,613	226,625	226,625	237,040	231,512	4,887
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 174,613	\$ 226,625	\$ 226,625	\$ 237,414	\$ 231,512	\$ 4,887
Expenditures & Request:						
Personal Services	\$ 167,966	\$ 182,509	\$ 182,509	\$ 192,924	\$ 187,396	\$ 4,887
Total Operating Expenses	4,649	34,000	34,000	34,374	34,000	0
Total Professional Services	0	3,000	3,000	3,000	3,000	0
Total Other Charges	1,998	7,116	7,116	7,116	7,116	0
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 174,613	\$ 226,625	\$ 226,625	\$ 237,414	\$ 231,512	\$ 4,887
Authorized Full-Time Equivalents:						
Classified	2	2	2	2	2	0
Unclassified	0	0	0	0	0	0
Total FTEs	2	2	2	2	2	0

Source of Funding

The Auxiliary Account is funded with Fees and Self-generated Revenues from the operation of a parking garage at the Medical Center of Louisiana at New Orleans.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 0	\$ 226,625	2	Existing Oper Budget as of 12/1/09

Statewide Major Financial Changes:



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
0	4,887	0	State Employee Retirement Rate Adjustment
Non-Statewide Major Financial Changes:			
\$ 0	\$ 231,512	2	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 0	\$ 231,512	2	Base Executive Budget FY 2010-2011
\$ 0	\$ 231,512	2	Grand Total Recommended

Professional Services

Amount	Description
\$3,000	Miscellaneous contracts associated with the management of the Health Education Authority of Louisiana (HEAL)
\$3,000	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
Other Charges:	
\$5,000	Costs associated with the management of the Health Education Authority of Louisiana (HEAL)
\$5,000	SUB-TOTAL OTHER CHARGES
Interagency Transfers:	
\$2,116	Office of Telecommunication Management for telephone/communication services
\$2,116	SUB-TOTAL INTERAGENCY TRANSFERS
\$7,116	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.



Performance Information

1. (SUPPORTING) Through the Auxiliary Account - Health Education Authority of Louisiana (HEAL) activity, to operate a parking garage at the Medical Center of Louisiana at New Orleans and promote medical education, research and health care.

State Outcome Goal Link: The HEAL mission is consistent with the goal of Better Health. HEAL encourages and looks for activities that will result in shared facilities such as a day care center, parking, centralized chilled water, steam and electricity plants. Other areas considered include laundry facilities, centralized warehouses, a student center, cafeteria, bookstores, and office buildings.

Children's Cabinet 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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Amount of fees and revenue collected (LAPAS CODE - New)	Not Applicable	\$ 220,248	Not Applicable	Not Applicable	\$ 237,040	\$ 237,040



09-309 — South Central Louisiana Human Services Authority



Agency Description

The mission of the South Central Louisiana Human Services Authority (SCLHSA) is to increase public awareness of and to provide access for individuals to integrated behavioral health and community based services while promoting wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources.

The goals of the South Central Louisiana Human Services Authority are:

- I. Integrate service provision among Addictive Disorders, Developmental Disabilities and Mental Health agencies.
- II. Implement Mobile Crisis/Community Support Teams (outreach to outlying communities)
- III. Create staffing patterns that are reflective of population shifts and service needs.
- IV. Recruit innovative service providers for community oriented services (housing, supported living, employment, transitional services, prevention, etc.).

South Central Louisiana Human Services Authority Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
State General Fund by:						
Total Interagency Transfers	0	0	0	0	24,854,551	24,854,551
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 0	\$ 0	\$ 0	\$ 0	\$ 24,854,551	\$ 24,854,551
Expenditures & Request:						
South Central Louisiana Human Services Authority	\$ 0	\$ 0	\$ 0	\$ 0	\$ 24,854,551	\$ 24,854,551



South Central Louisiana Human Services Authority Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Expenditures & Request	\$ 0	\$ 0	\$ 0	\$ 0	\$ 24,854,551	\$ 24,854,551
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



309_1000 — South Central Louisiana Human Services Authority

Program Authorization: RS 28:872; RS 28:912

Program Description

The mission of the South Central Louisiana Human Services Authority (SCLHSA) is to increase public awareness of and to provide access for individuals to integrated behavioral health and community based services while promoting wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources.

The goals of the South Central Louisiana Human Services Authority are:

- I. Integrate service provision among Addictive Disorders, Developmental Disabilities and Mental Health agencies.
- II. Implement Mobile Crisis/Community Support Teams (outreach to outlying communities)
- III. Create staffing patterns that are reflective of population shifts and service needs.
- IV. Recruit innovative service providers for community oriented services (housing, supported living, employment, transitional services, prevention, etc.).

The South Central Louisiana Human Services Authority program includes the following activities:

- Addictive Disorders – Alcohol and drug abuse continues to be a major health problem in our state and particularly in Region III. The resources available are not sufficient to meet the growing need for treatment and prevention services. Region III falls into this category when considering the vast geography covered in the service area which limits inpatient service options due to funding and providers. The same is true for outpatient services. The Office of Addictive Disorders has made significant strides to prioritize services to meet these crucial needs by encouraging and supporting the awareness and understanding of alcoholism and drug addiction amongst the citizens of our state. The basic premise of addictive disorder services is to develop ideas and programs that can help increase public awareness, treat adults and youth who need OAD services and prevent the abuse of alcohol and drug addiction as well as compulsive gambling. The largest barrier to success for addictive disorder programs is the ability to maintain patient gains made in outpatient and inpatient treatment. Sometimes the impulse to abuse substance is too great and the gains from treatment can be wiped out in an instant. The need to provide education on prevention at an early age is key to deterring abuse and the subsequent need for treatment. Region III OAD services focus their attention on providing comprehensive, fully integrated prevention and treatment services. We actively seek the assistance of partnerships and collaborations to fully meet the needs of individuals, families and communities. The needs of the individuals, families and communities requiring addictive disorder services and the consequences they suffer are the impetus to incorporate addictive disorders practices in the health care debate. The goal remains to seamlessly integrate these practices into the comprehensive health care system without losing attention to the special needs of individuals, families, communities requiring substance abuse intervention.
- Developmental Disabilities – The Offices of Developmental Disabilities core services consist of serving as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System and providing support coordination services to individuals and their families through OCDD and other available community resources. Staff members assess the needs for support and services, develop individual plans of support, make applicable referrals, and provide ongoing coordination for the client's support plans. Targeted

services are centered on Home and Community-Based Services Waiver programs and federal criteria which allow services to be provided in a home or community-based setting for the recipient who would otherwise require institutional care. The Family Support Program is designed to assist individuals whose needs exceed those normally used resources in the community, and other natural resources available. Individual and Family Supports include but are not limited to: respite care, personal assistance services, specialized clothing, such as adult briefs, dental and medical services not covered by other sources, equipment and supplies, communication services, crisis intervention, specialized utility costs, specialized nutrition, and family education. The Cash Subsidy Program is intended to assist families with children with severe or profound disabilities to offset the extraordinary costs of maintaining their child in their own home. The program provides a monthly stipend to families of children who have qualifying exceptionalities identified through their local educational authority.

- **Mental Health** – In the 2008 Legislative Session, Act 447 was created to provide the basis for the development of a crisis response system in each human service district, authority or region in the state. Act 447 outlines the need to provide a mechanism to better manage the multiple behavioral health crisis situations that inundate our local emergency rooms, clinics, and law enforcement agencies every day. The formation of a local collaborative to provide input, support and maintain the development of an effective crisis response system is key to the efficient means of sharing resources and reducing the financial burden of behavioral health crisis. The current budget for mental health services in Region III provides for outpatient clinics to provide services for children over the age of six, adolescents, and adults. Core services include screening, assessment, crisis evaluation, individual, group and family counseling and medication management which includes administration, education and screening for people with co-occurring disorders. For the Crisis Response System to be effective, the current mental health services must become more efficient in service utilization to allow the collaborative to operate with a prevention mindset. The ultimate goal of the Crisis Response System is to focus on improving access to care to assist in reducing the number of clients requiring crisis services.
- **Administration** - DHH, its program offices and the Louisiana Legislature have created 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 governing entities (LGEs). LGEs 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. Act 373 of the 2008 Legislative Session, requires that DHH shall not contract with a new LGE until DHH, in consultation with the Human Services Interagency Council (HSIC), has determined and confirmed in writing to the governor that DHH is prepared to contract the provision of services to the LGE after the LGE has successfully completed the Readiness Assessment. The SCLHSA was created by Act 479 in the 2006 Legislative Session for the parishes of Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary and Terrebonne. A nine member board was seated in 2007 and an Executive Director was hired in 2008. The SCLHSA is currently working on compliance with the Phases outlined in the Readiness Assessment Criteria, Framework and Accountability Implementation Plans for transition of services to the LGE.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$0	\$7,222,631	0	Addictive Disorders - Provides addictive disorder prevention services to children, adolescents and their families and treatment services to adults including patient care.



Summary of Activities (Continued)

General Fund	Total Amount	Table of Organization	Description
\$0	\$2,350,349	0	Developmental Disabilities - To foster and facilitate independence for citizens with disabilities through the availability of home and community based services.
\$0	\$14,807,489	0	Mental Health - Establish a Crisis Response System that includes a crisis hotline, mobile crisis teams, receiving centers in local emergency rooms and a Medical Hospital Emergency Room Extension (MHERE).
\$0	\$474,082	0	Administration - Provides management and oversight of services provided in Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary and Terrebonne parishes.
		123	NON T.O. FTE Ceiling Recommended for FY 2010-2011
\$0	\$24,854,551	123	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

South Central Louisiana Human Services Authority Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
State General Fund by:						
Total Interagency Transfers	0	0	0	0	24,854,551	24,854,551
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 0	\$ 0	\$ 0	\$ 0	24,854,551	\$ 24,854,551
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	0	0	0	0	24,854,551	24,854,551
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 0	\$ 0	\$ 0	\$ 0	24,854,551	\$ 24,854,551
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



Source of Funding

This program is funded with Interagency Transfers. Interagency Transfers include: payments from the Office of Mental Health for community based treatment of mental illness, payments from the Office for Addictive Disorders for community based treatment for drug and alcohol abuse, payments from the Office of Citizens with Developmental Disabilities for the services to the mentally, physically and developmentally disabled.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 0	\$ 0	0	Existing Oper Budget as of 12/1/09
			Statewide Major Financial Changes:
0	174,082	0	Risk Management
			Non-Statewide Major Financial Changes:
0	300,000	0	Interagency Transfer funding from the Office of the Secretary to aid in establishing the South Central La Human Services Authority in FY11. There are 3 NON T.O. FTE positions that will be transferred as well.
0	7,222,631	0	Interagency Transfer funding from the Office for Addictive Disorders to aid in establishing the South Central La Human Services Authority in FY11. There are also 28 positions that will be moved to the Other Charges expenditure category as NON T.O FTE positions.
0	2,350,349	0	Interagency Transfers funding from the Office of Citizens with Developmental Disabilities to aid in establishing the South Central La Human Services Authority in FY11. There are also 16 positions that will be moved to the Other Charges expenditure category as NON T.O. FTE positions.
0	14,807,489	0	Interagency Transfer funding from the Office of Mental Health Area A (Region 3) to aid in establishing the South Central La Human Services Authority in FY11. There are also 76 positions that will be moved to the Other Charges expenditure category as NON T.O. FTE positions.
\$ 0	\$ 24,854,551	0	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 0	\$ 24,854,551	0	Base Executive Budget FY 2010-2011
\$ 0	\$ 24,854,551	0	Grand Total Recommended

Professional Services

Amount	Description
	This program does not have funding for Professional Services for Fiscal Year 2010-2011.



Other Charges

Amount	Description
	Other Charges:
\$24,680,469	Funding to support mental health programs such as substance abuse and developmental disabilities services, a Crisis Response System, and Assertive Community Treatment services.
\$174,082	Payments to the Division of Administration - Office of Risk Management
\$24,854,551	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$0	This program does not have funding for Interagency Transfers for Fiscal Year 2010-2011.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$24,854,551	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.

Performance Information

- (KEY) By June 30, 2011, through the Addictive Disorders activity, to provide addictive disorder prevention services to children, adolescents and their families and treatment services to adults including inpatient care, SCLHSA will ensure that at least 2,140 individuals will participate in prevention programs.**

State Outcome Goals Link: 7 - Better Health-In State Outcome #7ñ Better Health, the Results Team recognized that there is a connection between criminal activity and substance abuse. Substance abuse impacts many of Louisiana's citizens, as evidenced by statistics which reveal that Louisiana has the 7th highest adult per capita alcohol consumption in the United States with 3.1 gallons of alcohol per capita and the 18th highest number of illicit drug users with 8.4% of the population. Understanding the breadth and depth of the substance abuse problem requires looking beyond prevalence data alone and examining the role of substance abuse as a contributor to other health risks. Addressing the issue of substance abuse treatment and prevention in rural areas begins with understanding the complex etiology underlying substance abuse and utilizing this information to develop effective drug prevention programs. Fundamental to this understanding is identification of the unique barriers and limitations encountered by rural Americans in seeking effective substance abuse prevention programs and treatment.

Children's Budget Link: SCLHSA services for children are related to the health policy outlined in the Children's Budget Link which mandates that all Louisiana children will have access to comprehensive healthcare services, and are linked via the SCLHSA agency's budget.

Human Resource Policies Beneficial to Women and Families Link: The SCLHSA abides by all state Civil Services guidelines and procedures regarding equal opportunity for all staff and in particular women and their families. The SCLHSA also addresses specific issues in respect to female employees and their families in the Human Resources policies for the agency and the SCLHSA Personnel Handbook. All policies are reviewed annually and changes/additions are made accordingly to new mandates or as issues arise.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010, The American Association of Intellectual and Developmental Disabilities (AAID), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT).

Explanatory Note: The SCLHSA is a new local governing entity pursuing transition of programmatic service functions from the Offices of Addictive Disorders, Developmental Disabilities and Mental Health in FY 2010/2011.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		<p>K The number of enrollees in prevention programs. (LAPAS CODE - New)</p> <p>This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009 and therefore does not reflect an initially appropriated standard or existing performance standard. Data will be captured on a quarterly basis for review and to address issues associated with non-compliance.</p>					
		Not Available	Not Available	Not Available	1,782	2,140	2,140
<p>K Percentage of successful completion of inpatient addictive disorder treatment programs. (LAPAS CODE - New)</p> <p>This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009 and therefore does not reflect an initially appropriated standard or existing performance standard. The figure provided reflects data provided by the Region 3 Office of Addictive Disorders for services provided in the previous calendar year. As of July 2010, these services will be transferred under the auspices of the South Central Louisiana Human Services Authority. The data will be evaluated by the SCLHSA to estimate the existing and continuation budget level standards. Data will be captured on a quarterly basis for review and to address issues associated with non-compliance.</p>							
		Not Available	Not Available	Not Available	78%	85%	83%
<p>K Total number of individuals not completing outpatient treatment programs. (LAPAS CODE - New)</p> <p>This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009 and therefore does not reflect an initially appropriated standard or existing performance standard.</p>							
		Not Available	Not Available	Not Available	1,002	952	952

2. (KEY) By June 30, 2011, through the Developmental Disabilities activity, to foster and facilitate independence for citizens with disabilities through the availability of home and community based services, SCLHSA will ensure that at least 154 individuals will receive cash subsidy services.

State Outcome Goals Link: 7 Better Health-State outcome #7 - Better Health is furthered in two ways by this activity. The Results team noted that increasing reliance on community-based services will facilitate cost effective use of available resources. These actions are inline with national best practices to reduce unnecessary hospitalizations and reliance on institutions to serve people in their communities. The second notion is that by increasing access to comprehensive, coordinated care that is patient centric to local delivery systems will



reduce costs and benefit citizens by expanding service access locally. It will also reduce the need for clients to search for health care providers outside of their community. Helping to instill a culture of independence for those with developmental disabilities through availability of home and community based services will promote the dignity of clients and their families while enabling them to find cost effective supports and services within their own community.

Children's Budget Link: SCLHSA services for children are related to the health policy outlined in the Children's Budget Link which mandates that all Louisiana children will have access to comprehensive healthcare services, and are linked via the SCLHSA agency's budget.

Human Resource Policies Beneficial to Women and Families Link: The SCLHSA abides by all state Civil Services guidelines and procedures regarding equal opportunity for all staff and in particular women and their families. The SCLHSA also addresses specific issues in respect to female employees and their families in the Human Resources policies for the agency and the SCLHSA Personnel Handbook. All policies are reviewed annually and changes/additions are made accordingly to new mandates or as issues arise.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010, The American Association of Intellectual and Developmental Disabilities (AAID), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT).

Explanatory Note: The SCLHSA is a new local governing entity pursuing transition of programmatic service functions from the Offices of Addictive Disorders, Developmental Disabilities and Mental Health in FY 2010/2011.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of home and community based waiver assessments completed timely. (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	80%	80%
	This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009 and therefore does not reflect an initially appropriated standard or existing performance standard.						
	This is a new indicator for the SCLHSA. No previous data has been collected on this item, but measures will be put in place to capture this information on a quarterly basis for review and to address issues associated with non-compliance.						
K	Number of people receiving individual and family support services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	155	132	132
	This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009 and therefore does not reflect an initially appropriated standard or existing performance standard.						
	The figure provided reflects data provided by the Region 3 Office of Developmental Disabilities for services provided in the previous calendar year. As of July 2010, these services will be transferred under the auspices of the South Central Louisiana Human Services Authority. The data will be evaluated by the SCLHSA to estimate the existing and continuation budget level standards.						



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of people receiving cash subsidy services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	147	154	154
<p>This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009 and therefore does not reflect an initially appropriated standard or existing performance standard.</p> <p>The SCLHSA goal is to increase the number of individuals with developmental disabilities receiving individual and family support services receiving cash subsidy in Region 3 by 5% to contribute to maintaining themselves or their family members in the home.</p>							
K	Percentage of cash subsidy recipients who remain in the community versus institutionalization. (LAPAS CODE - New)	Not Available	Not Available	Not Available	100%	95%	95%
<p>This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009 and therefore does not reflect an initially appropriated standard or existing performance standard.</p> <p>The figure provided reflects data provided by the Region 3 Office of Developmental Disabilities for services provided in the previous calendar year. As of July 2010, these services will be transferred under the auspices of the South Central Louisiana Human Services Authority. The data will be evaluated by the SCLHSA to estimate the existing and continuation budget level standards.</p>							

3. (KEY) By June 30, 2011, through the Mental Health activity, to establish a regional Crisis Response System that is supported by local stakeholders and existing behavioral health services for all individuals presenting in a crisis situation, SCLHSA will ensure that at least 500 referrals will be made to community resources in the SCLHSA Crisis Response System.

State Outcome Goals Link: 7- Better Health-In the 2008 Legislative Session, Act 447 was created to provide the basis for the development of a crisis response system in each human service district, authority or region in the state. Act 447 outlines the need to provide a mechanism to better manage the multiple behavioral health crisis situations that inundate our local emergency rooms, clinics, and law enforcement agencies every day. The formation of a local collaborative to provide input, support and maintain the development of an effective crisis response system is key to the efficient means of sharing resources and reducing the financial burden of behavioral health crisis. The current budget for mental health services in Region III provides for outpatient clinics to provide services for children over the age of six, adolescents, and adults. Core services include screening, assessment, crisis evaluation, individual, group and family counseling and medication management which includes administration, education and screening for people with co-occurring disorders. For the Crisis Response System to be effective, the current mental health services must become more efficient in service utilization to allow the collaborative to operate with a prevention mindset. The ultimate goal of the Crisis Response System is to focus on improving access to care to assist in reducing the number of clients requiring crisis services.

Children's Budget Link: SCLHSA services for children are related to the health policy outlined in the Children's Budget Link which mandates that all Louisiana children will have access to comprehensive healthcare services, and are linked via the SCLHSA agency's budget.



Human Resource Policies Beneficial to Women and Families Link: The SCLHSA abides by all state Civil Services guidelines and procedures regarding equal opportunity for all staff and in particular women and their families. The SCLHSA also addresses specific issues in respect to female employees and their families in the Human Resources policies for the agency and the SCLHSA Personnel Handbook. All policies are reviewed annually and changes/additions are made accordingly to new mandates or as issues arise.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010, The American Association of Intellectual and Developmental Disabilities (AAID), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT).

Explanatory Note: The SCLHSA is a new local governing entity pursuing transition of programmatic service functions from the Offices of Addictive Disorders, Developmental Disabilities and Mental Health in FY 2010/2011.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of inpatient encounters in Region 3 (LAPAS CODE - New)	Not Available	Not Available	Not Available	400	400	400
	This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009 and therefore does not reflect an initially appropriated standard or existing performance standard.						
K	Number of crisis visits in all SCLHSA Mental Health Clinics (LAPAS CODE - New)	Not Available	Not Available	Not Available	1,980	1,683	1,683
	This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009 and therefore does not reflect an initially appropriated standard or existing performance standard. The figure provided reflects data provided by the Region 3 Office of Mental Health for services provided in the previous calendar year. As of July 2010, these services will be transferred under the auspices of the South Central Louisiana Human Services Authority. The data will be evaluated by the SCLHSA to estimate the existing and continuation budget level standards.						
K	Number of referrals to community resources in SCLHSA Crisis Response System (LAPAS CODE - New)	Not Available	Not Available	Not Available	249	500	500
	This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009 and therefore does not reflect an initially appropriated standard or existing performance standard. These are new indicators for the SCLHSA and there are no previous statistics for inpatient encounters.						

4. (KEY) By June 30, 2011, through the SCLHSA Administration activity, to continue to operational activity of the SCLHSA Central Office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes for the transition of services and budget oversight for the Offices of Addictive Disorders, Developmental Disabilities and Mental Health, SCLHSA will ensure that at least a total of 113,500 services will be provided to the citizens within Region 3.

State Outcome Goals Link: 7- Better Health-In the 2008 Legislative Session, Act 447 was created to provide the basis for the development of a crisis response system in each human service district, authority or region in the state. Act 447 outlines the need to provide a mechanism to better manage the multiple behavioral health crisis situations that inundate our local emergency rooms, clinics, and law enforcement agencies every day. The formation of a local collaborative to provide input, support and maintain the development of an effective crisis response system is key to the efficient means of sharing resources and reducing the financial burden of behavioral health crisis. The current budget for mental health services in Region III provides for outpatient clinics to provide services for children over the age of six, adolescents, and adults. Core services include screening, assessment, crisis evaluation, individual, group and family counseling and medication management which includes administration, education and screening for people with co-occurring disorders. For the Crisis Response System to be effective, the current mental health services must become more efficient in service utilization to allow the collaborative to operate with a prevention mindset. The ultimate goal of the Crisis Response System is to focus on improving access to care to assist in reducing the number of clients requiring crisis services.

Children's Budget Link: SCLHSA services for children are related to the health policy outlined in the Children's Budget Link which mandates that all Louisiana children will have access to comprehensive healthcare services, and are linked via the SCLHSA agency's budget.

Human Resource Policies Beneficial to Women and Families Link: The SCLHSA abides by all state Civil Services guidelines and procedures regarding equal opportunity for all staff and in particular women and their families. The SCLHSA also addresses specific issues in respect to female employees and their families in the Human Resources policies for the agency and the SCLHSA Personnel Handbook. All policies are reviewed annually and changes/additions are made accordingly to new mandates or as issues arise.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010, The American Association of Intellectual and Developmental Disabilities (AAID), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP), Substance Abuse Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT).

Explanatory Note: The SCLHSA is a new local governing entity pursuing transition of programmatic service functions from the Offices of Addictive Disorders, Developmental Disabilities and Mental Health in FY 2010/2011.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percent compliance with the Readiness Assessment Process to contract with DHH for the delivery of behavioral health and developmental disability services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	92%	80%	80%
	This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009 and therefore does not reflect an initially appropriated standard or existing performance standard.						
K	Percentage of licensed behavioral health clinics and developmental disabilities services. (LAPAS CODE - New)	Not Available	Not Available	Not Available	100%	100%	100%
	This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009 and therefore does not reflect an initially appropriated standard or existing performance standard.						
K	Total number of services rendered by SCLHSA (Region 3). (LAPAS CODE - New)	Not Available	Not Available	Not Available	112,444	113,500	113,500
	This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009 and therefore does not reflect an initially appropriated standard or existing performance standard. The figure provided reflects data provided by the Region 3 Offices Addictive Disorders, Developmental Disabilities and Mental Health for services provided in the previous calendar year. As of July 2010, these services will be transferred under the auspices of the South Central Louisiana Human Services Authority. The data will be evaluated by the SCLHSA to estimate the existing and continuation budget level standards.						

South Central Louisiana Human Services Authority General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Total number of individuals served in the SCLHSA (Region 3) (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	10,968
This is a new performance indicator and no prior year data is available. The figure provided reflects data provided by the Region 3 Offices Addictive Disorders, Developmental Disabilities and Mental Health for services provided in the previous calendar year. As of July 2010, these services will be transferred under the auspices of the South Central Louisiana Human Services Authority. The data will be evaluated by the SCLHSA to estimate the existing and continuation budget level standards.					
Total number of individuals served by outpatient mental health in SCLHSA (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	5,785
This is a new performance indicator and no prior year data is available. The figure provided reflects data provided by the Region 3 Offices Addictive Disorders, Developmental Disabilities and Mental Health for services provided in the previous calendar year. As of July 2010, these services will be transferred under the auspices of the South Central Louisiana Human Services Authority. The data will be evaluated by the SCLHSA to estimate the existing and continuation budget level standards.					



South Central Louisiana Human Services Authority General Performance Information (Continued)

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Total number of individuals served by inpatient Addictive Disorders in SCLHSA (Region 3) (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	1,155
Total numbers of individuals served outpatient by Addictive Disorders in SCLHSA (Region 3) (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	1,949
<p>This is a new performance indicator and no prior year data is available.</p> <p>The figure provided reflects data provided by the Region 3 Offices Addictive Disorders, Developmental Disabilities and Mental Health for services provided in the previous calendar year. As of July 2010, these services will be transferred under the auspices of the South Central Louisiana Human Services Authority. The data will be evaluated by the SCLHSA to estimate the existing and continuation budget level standards.</p>					
Total number of individuals receiving individual and family support services in SCLHSA (Region 3) (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	155
<p>This is a new performance indicator and no prior year data is available.</p> <p>The figure provided reflects data provided by the Region 3 Offices Addictive Disorders, Developmental Disabilities and Mental Health for services provided in the previous calendar year. As of July 2010, these services will be transferred under the auspices of the South Central Louisiana Human Services Authority. The data will be evaluated by the SCLHSA to estimate the existing and continuation budget level standards.</p>					
Total number of individuals receiving cash subsidy services in SCLHSA (Region 3) (LAPAS CODE - New)	Not Available	Not Available	Not Available	Not Available	147
<p>This is a new performance indicator and no prior year data is available.</p> <p>The figure provided reflects data provided by the Region 3 Offices Addictive Disorders, Developmental Disabilities and Mental Health for services provided in the previous calendar year. As of July 2010, these services will be transferred under the auspices of the South Central Louisiana Human Services Authority. The data will be evaluated by the SCLHSA to estimate the existing and continuation budget level standards.</p>					



09-320 — Office of Aging and Adult Services



Agency Description

The mission of the Office of Aging and Adult Services is to provide a system for long-term care services and supports whereby individuals who require long-term care can be assured a safe and healthy environment and quality services.

The goals of the Office of Aging and Adult Services are:

- I. To expand existing and to develop additional community-based services as an alternative to institutional care
- II. To timely complete investigations of adult abuse, neglect, exploitation and extortion in the community
- III. To administer and manage patient care programs in long-term/acute care and nursing home facilities in a manner that ensures compliance with applicable standards of care

The Office of Aging and Adult Services includes the following human resources policies that are helpful and beneficial to women and children: The majority of older adults who receive long-term care services are women, and the majority of family caregivers are female, many of whom also have caregiving responsibility for children. Long-term care services are an important adjunct to family caregiving, reducing caregiver “burn-out”, and are an alternative when family caregiving is not possible.

The Office of Aging and Adult Services has four programs: Administration Protection and Support, John J. Hainkel, Jr., Home and Rehabilitation Center, Villa Feliciana Medical Complex and an Auxiliary Account.

Office of Aging and Adult Services Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 14,725,939	\$ 13,298,689	\$ 13,748,578	\$ 14,247,172	\$ 12,912,663	\$ (835,915)
State General Fund by:						
Total Interagency Transfers	23,816,941	33,650,014	33,867,785	33,223,827	33,890,405	22,620



Office of Aging and Adult Services Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Fees and Self-generated Revenues	1,733,332	1,618,265	1,618,265	2,022,625	2,000,933	382,668
Statutory Dedications	475,211	0	0	0	3,170,070	3,170,070
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	1,385,042	2,013,627	2,612,223	2,473,691	2,425,914	(186,309)
Total Means of Financing	\$ 42,136,465	\$ 50,580,595	\$ 51,846,851	\$ 51,967,315	\$ 54,399,985	\$ 2,553,134
Expenditures & Request:						
Administration Protection and Support	\$ 14,298,973	\$ 22,461,654	\$ 23,727,910	\$ 23,235,733	\$ 28,588,684	\$ 4,860,774
John J. Hainkel, Jr., Home and Rehab Center	7,724,726	7,925,060	7,925,060	8,272,277	7,809,685	(115,375)
Villa Feliciano Medical Complex	20,094,085	20,134,381	20,134,381	20,399,805	17,942,116	(2,192,265)
Auxiliary Account	18,681	59,500	59,500	59,500	59,500	0
Total Expenditures & Request	\$ 42,136,465	\$ 50,580,595	\$ 51,846,851	\$ 51,967,315	\$ 54,399,985	\$ 2,553,134
Authorized Full-Time Equivalents:						
Classified	580	569	569	556	523	(46)
Unclassified	4	4	4	4	4	0
Total FTEs	584	573	573	560	527	(46)



320_1000 — Administration Protection and Support

Program Authorization: Senate Bill No. 562/House Bill No. 638 of the 2006 Regular Session amended and reenacted Section 2, R.S. 36:251 C(1) and 258 (F) of the Constitution of Louisiana (1974) to establish the Office of Aging and Adult Services (OAAS) with the Department of Health and Hospitals (DHH). The Office of Aging and Adult Services shall be responsible for the programs and functions of the State related to the protection and long-term care of the elderly and persons with adult onset disabilities. It shall administer the residential state-operated nursing homes, the Villa Feliciana Medical Complex, the protection services program, the long-term supports and services programs, as well as other related programs of the State.

Program Description

The mission of the Administration, Protection, and Support Program is to empower older adults and individuals with disabilities by providing the opportunity to direct their lives and to live in his or her chosen environment with dignity.

The goals of the Administration, Protection, and Support are:

- I. To develop alternatives to institutional care.
- II. To timely complete investigations of adult abuse, neglect, exploitation and extortion in the community.
- III. To assure timely and appropriate admission to nursing facilities.

The Administration, Protection, and Support Program includes the following six activities: Executive Administration, Elderly and Adults with Disabilities Long-Term-Care (LTC), Adult Protective Services (APS), Permanent Supportive Housing (PSH), Independent Living – Community and Family Support and PCA for Adults with Disabilities, and the Traumatic Head and Spinal Cord Injury Trust Fund.

- The Executive Administration activity provides executive management, support, and direction to the Office of Aging and Adult Services. This activity is also responsible for providing programmatic expertise on aging and disability issues to DHH executive management, carrying out legislative directives, and directing implementation of long term reforms and program improvements. The activity oversees Medicaid and non-Medicaid long-term care services to older adults and people with adult onset disabilities, Adult Protective Services, the John J. Hainkel Home and Rehabilitation Center, and the Villa Feliciana Medical Complex.
- The Elderly and Adults with Disabilities Long-Term-Care activity operates Medicaid community-based long term care programs for people with adult onset disabilities, including the Elderly and Disabled Adult Waiver, the Adult Day Health Care Waiver, the Adult Residential Care Waiver, Long Term Personal Care Services, and the Program of All-inclusive Care for the Elderly. The activity also operates nursing facility admissions, i.e. Medicaid certification for nursing facility care. The activity provides state and regional office operations necessary to provide access, monitoring, quality assurance, and accountability for these programs as required under state and federal rules, statutes, and program requirements.
- The Adult Protective Services activity provides protective services to adults with disabilities, including receiving reports of abuse, neglect, exploitation, and extortion; investigating such reports; and taking corrective and preventive action to address abuse and neglect.

- The Permanent Supportive Housing activity helps people with disabilities obtain affordable rental housing and provides the community-based supportive services necessary to maintain successful tenancies and independent living. The activity focuses on individuals with multiple complex disabilities who are at high risk for institutionalization or homelessness, and gives priority to individuals whose living arrangements were destabilized by Hurricanes Katrina and Rita. The activity is federally funded and operates only in the Gulf Opportunity Zone (i.e., Southern parishes of the state).
- The Independent Living – Community and Family Support and PCA for Adults with Disabilities activity consists of State Personal Care Assistance Services (PCA) and the Community and Family Support Program. These programs provide personal care attendant services, rental assistance, and medical supplies to adults with disabilities, allowing them to maintain independence in the community. These programs are a source of assistance to individuals who do not meet Medicaid financial eligibility.
- The Traumatic Head and Spinal Cord Injury Trust Fund activity assists survivors of traumatic head or spinal cord injuries to avoid unnecessary and costly institutionalization by providing resources and services – from attendant care to specially designed medical beds – that they are not eligible for under other funding sources.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$1,838,092	\$1,838,092	12	Executive Administration Activity - The Executive Administration Activity provides management, support, and direction to the Office of Aging and Adult Services.
\$3,836,004	\$3,836,004	48	Adult Protective Services Activity - This activity receives and screens information of allegations of abuse, conducts investigations, and develops and implements plans to preventive or corrective action.
\$6,707,568	\$8,708,519	79	Elderly and Adults with Disabilities Long Term Care (LTC) Activity - This activity provides waiver and personal care services as well as certifies nursing homes.
\$0	\$10,505,000	0	Permanent Supportive Housing Activity - This activity integrates permanent, affordable rental housing with supportive services needed to help people with disabilities.
\$530,999	\$530,999	0	Independent Living Activity - This activity enables individuals who have significant disabilities to function more independently in home, work, and community environments and provides personal care attendant services.
\$0	\$3,170,070	4	Traumatic Head and Spinal Cord Injury Trust Fund Activity - This activity provides resources and services to individuals with traumatic head and spinal cord injuries to enable them to avoid unnecessary institutionalization.
		17	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$12,912,663	\$28,588,684	160	Grand Total of Activities Recommended including Non T.O. FTE Ceiling



Administration Protection and Support Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 11,876,788	\$ 12,330,511	\$ 12,780,400	\$ 13,072,261	\$ 12,912,663	\$ 132,263
State General Fund by:						
Total Interagency Transfers	1,208,311	8,991,211	9,208,982	9,023,540	11,426,700	2,217,718
Fees and Self-generated Revenues	91,921	0	0	0	0	0
Statutory Dedications	475,211	0	0	0	3,170,070	3,170,070
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	646,742	1,139,932	1,738,528	1,139,932	1,079,251	(659,277)
Total Means of Financing	\$ 14,298,973	\$ 22,461,654	\$ 23,727,910	\$ 23,235,733	\$ 28,588,684	\$ 4,860,774
Expenditures & Request:						
Personal Services	\$ 10,874,035	\$ 11,405,803	\$ 11,564,785	\$ 12,115,704	\$ 11,579,439	\$ 14,654
Total Operating Expenses	677,990	547,414	601,744	552,957	598,866	(2,878)
Total Professional Services	217,332	558,742	1,128,917	571,545	164,819	(964,098)
Total Other Charges	2,480,966	9,949,695	10,432,464	9,980,527	16,245,560	5,813,096
Total Acq & Major Repairs	48,650	0	0	15,000	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 14,298,973	\$ 22,461,654	\$ 23,727,910	\$ 23,235,733	\$ 28,588,684	\$ 4,860,774
Authorized Full-Time Equivalents:						
Classified	140	140	140	140	142	2
Unclassified	1	1	1	1	1	0
Total FTEs	141	141	141	141	143	2

Source of Funding

The Administration Protection and Support program is funded from State General Fund, Interagency Transfers, Statutory Dedications and Federal Funds. The Interagency Transfers are from the Office of the Secretary (09-307) for the Permanent Supportive Housing Program and Medicaid Vendor Administration for the Money Follows the Person Grant. The Statutory Dedications listed are the Health Trust Fund, Overcollections Fund, and Traumatic Head and Spinal Cord Injury Trust Fund (R.S. 46:2633-2635). (Per R.S. 39:36B. (8), see table below for a listing of expenditures out of each Statutory Dedication Fund.) The Federal funds represent the System Transformation Grant and the Person Centered Planning Grant.



Administration Protection and Support Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Health Trust Fund	\$ 417,503	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Traumatic Head & Spinal Injury	0	0	0	0	3,170,070	3,170,070
Overcollections Fund	57,708	0	0	0	0	0

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 12,780,400	\$ 23,727,910	141	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
26,682	26,682	0	Civil Service Training Series
377,802	377,802	0	State Employee Retirement Rate Adjustment
353,936	332,502	0	Salary Base Adjustment
(147,535)	(197,547)	0	Attrition Adjustment
(133,477)	(133,477)	(2)	Personnel Reductions
15,000	15,000	0	Acquisitions & Major Repairs
(449,889)	(1,246,756)	0	Non-recurring Carryforwards
37,419	50,248	0	Rent in State-Owned Buildings
Non-Statewide Major Financial Changes:			
(825,174)	0	0	Means of financing substitution decreasing State General Fund budget authority and increasing Title 19 Medicaid Interagency Transfers. The funds will be received from the Villa Feliciana Medical Complex due to Title 19 Medicaid overcollections for FY2011.
0	(131,249)	0	Annualization of the reduction of excess budget authority for Professional Services Contracts.
4,000	4,000	0	Increase in unemployment insurance for OAAS.
92,500	92,500	0	At the recommendation of the Commission on Streamlining Government, funding for contracts for implementing cost-savings and quality improvement initiatives. These contracts are for reducing excess bed capacity and developing a long term care pilot.
250,000	250,000	0	Single Point of Entry (SPOE) contract for region 2. The Single Point of Entry provides a unified portal through which eligible citizens may access a wide range of Medicaid services.
0	1,720,000	0	Increase in Federal Community Development Block Grants Funds from the Office of Community Development.
530,999	530,999	0	At the recommendation of the Commission on Streamlining Government, the Independent Living Activity, State Personal Assistant Services Program and Community and Family Support Programs will be transferred to OAAS.



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
0	3,170,070	4	At the recommendation of the Commission on Streamlining Government, the Traumatic Head and Spinal Cord Injury (TH/SCI) Trust Fund Program, currently under LA Rehabilitation Services, will be transferred to OAAS. 4 T.O. FTEs will come with the transfer.
\$ 12,912,663	\$ 28,588,684	143	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 12,912,663	\$ 28,588,684	143	Base Executive Budget FY 2010-2011
\$ 12,912,663	\$ 28,588,684	143	Grand Total Recommended

Professional Services

Amount	Description
\$164,819	Professional contracts for Telesys, the development of Level of Care Eligibility Tool (LOCET), and the services of Psychiatrists and Psychologists
\$164,819	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$10,505,000	Permanent Supportive Housing Initiative- Under this program, housing developers who have received GO-Zone Low Income Housing Credits will build and set aside a percentage of affordable rental housing for people with disabilities.
\$3,170,070	Traumatic Head and Spinal Cord Injury Trust Fund-Under this program, services and supports will be available to individuals who have Traumatic Head and Spinal Cord Injuries.
\$530,999	Department of Social Services, Developmental Disabilities Council transfer of contracts
\$700,000	Single Point of Entry (SPOE) contract
\$747,951	System Transformation Grant and the Person Centered Planning Grant
\$99,772	Miscellaneous costs associated with the day to day operations of the Adult Protective Services operations in the Office of Aging and Adult Services.
\$15,753,792	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$385,118	Rent for Bienville building and garage
\$10,000	Civil Service Fees
\$10,000	Comprehensive Public Training Program (CPTP) Fees
\$650	Division of Administration - Printing Charges
\$15,000	LEAF acquisitions
\$66,000	Office of Telecommunications



Other Charges (Continued)

Amount	Description
\$5,000	Miscellaneous costs associated with the day to day operations in the Office of Aging and Adult Services.
\$491,768	SUB-TOTAL INTERAGENCY TRANSFERS
\$16,245,560	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.

Performance Information

1. (KEY) Through the Executive Administration activity, to ensure that OAAS operates in compliance with all legal requirements, that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing long term care services in a sustainable way, reaching/exceeding appropriate national benchmarks by 2015.

State Outcome Goal Link: #7 - Better Health.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of OAAS Performance indicators that meet or exceed performance standard (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	90%	90%
K	Administrative cost as percentage of service cost (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3%	3%



2. (SUPPORTING) Through the Executive Administration activity, to implement an integrated IT system to support Long Term Care system access, quality enhancement, and accountability.

State Outcome Goal Link: #7 - Better Health.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Percentage of in-house and contracted OAAS IT systems that improve on the federal Medicaid Information Technology Architecture (MITA) maturity scale (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	20%	20%

3. (KEY) Through the Adult Protective Services activity, to ensure that disabled adults are protected from abuse and neglect by completing investigations within timelines as established in DHH Policy for those investigations.

State Outcome Goal Link: #7 - Better Health.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		K Percentage of investigations completed within established timeframes (LAPAS CODE - 7995)	75%	80%	75%	75%	75%

4. (KEY) Through the Adult Protective Services activity, to complete investigations of assigned reports of abuse, neglect, exploitation, and extortion for disabled adults aged 18 through 59 in accordance with policy; and make appropriate referrals for interventions to remedy substantiated cases; and will follow up to ensure cases are stabilized each year through June 30, 2013.

State Outcome Goal Link: #7 - Better Health.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		K Number of clients served (LAPAS CODE - 7994)	2,100	1,450	1,450	1,450	2,500

5. (KEY) Through the Elderly and Adults with Disabilities Long-Term Care activity, to "Optimize the use of community-based care while also decreasing reliance on more expensive institutional care" (Better Health Goal, Indicator 1) to meet or exceed national averages for institutional versus community-based spending by 2015.

State Outcome Goal Link: #7 - Better Health



Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Link(s): (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of Medicaid spending for elderly and disabled adult long term care that goes towards community-based services rather than nursing homes (LAPAS CODE - New)	Not Applicable	Not Applicable	30%	30%	34%	34%
K	Average expenditure per person for community-based long term care as a percentage of the average expenditure per person for nursing home care (LAPAS CODE - New)	Not Applicable	Not Applicable	85%	85%	85%	85%
S	Program operation cost as a percentage of service cost (LAPAS CODE - New)	Not Applicable	Not Applicable	3%	3%	3%	3%
S	Percentage change in nursing facility utilization (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	-1%	-1%	-1%
S	Percentage change in nursing facility spending (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	4%	4%	4%
K	Percentage of available Healthcare Effectiveness Data Information Set (HEDIS)/Agency for Healthcare Quality (ARHQ) Prevention measures on which Medicaid community-based programs perform the same or better than the Medicaid nursing home program (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	100%	100%	100%



Administration Protection and Support General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of recipients receiving PCS-LTC (LAPAS CODE - 20142)	4,143	5,264	7,524	10,188	12,213
Number of recipients whose cost does not exceed average cost of long term care (LAPAS CODE - 20143)	4,074	5,147	6,884	10,038	12,153
Percentage of recipients whose cost does not exceed average cost of long term care (LAPAS CODE - 20144)	98%	98%	92%	100%	100%
Percent of individuals on ADHC Request for Services Registry who are receiving other HCBS (LAPAS CODE - 22949)	Not Applicable	Not Applicable	Not Applicable	11%	8%
Percent of individuals on EDA Request for Services Registry who are receiving other HCBS (LAPAS CODE - 22950)	Not Applicable	Not Applicable	Not Applicable	32%	32%
Percentage of available ADHC waiver opportunities utilized (LAPAS CODE - 22951)	Not Applicable	Not Applicable	Not Applicable	82%	85%
Percentage of available EDA waiver opportunities utilized (LAPAS CODE - 22952)	Not Applicable	Not Applicable	Not Applicable	88%	92%
Percentage of entry requests completed within established timelines for OAAS access system (LAPAS CODE - 22955)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	75%
Number of Adult Day Health Care (ADHC) waiver slots (LAPAS CODE - 13400)	688	700	700	825	825
Number currently served in the ADHC waiver (LAPAS CODE - 13401)	672	727	738	675	705
Number of Elderly and Disabled Adult (EDA) waiver slots (LAPAS CODE - 13402)	2,741	2,803	2,903	4,403	4,603
Number currently served in the EDA waiver (LAPAS CODE - 13403)	2,769	2,864	2,985	3,388	3,934
Number of Adult Residential Care (ARC) waiver slots (LAPAS CODE - 22956)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	200
Number currently served by the ARC waiver (LAPAS CODE - 22957)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	180
Number currently served in the Programs for All-Inclusive Care for the Elderly (PACE) (LAPAS CODE - 22958)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	413
Number waiting for ADHC waiver services (LAPAS CODE - 12070)	113	339	188	108	855
Number waiting for EDA waiver services (LAPAS CODE - 12075)	3,061	4,569	7,393	9,985	12,847

6. (KEY) Through the Elderly and Adults with Disabilities Long-Term Care activity, to timely facilitate access to nursing facilities for eligible applicants.

State Outcome Goal Link: #7 - Better Health.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.



Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2008-2009	FY 2008-2009	FY 2009-2010	FY 2009-2010	FY 2010-2011	FY 2010-2011
K	Percentage nursing facilities admissions applications determined within established timeframes for OAAS access systems (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	90%	90%

7. (KEY) Through the Elderly and Adults with Disabilities Long-Term Care activity, to expedite access to a flexible array of home- and community-based services in accordance with the Barthelemy Settlement Agreement and through June 30, 2011.

State Outcome Goal Link: #7 - Better Health.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number on registry(ies) for OAAS HCBS waivers (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	13,600	13,600	13,600
K	Percentage on registry(ies) for OAAS HCBS waivers who are receiving other Medicaid LTC (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	38%	40%	40%
S	Number served in all OAAS HCBS programs (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	16,954	18,956	18,956

8. (SUPPORTING)Through the Elderly and Adults with Disabilities Long-Term Care activity, to implement a comprehensive, data-driven quality management system consistent with the Centers for Medicare and Medicaid Services (CMS) Quality Framework.

State Outcome Goal Link: #7 - Better Health.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Percentage of identified quality indicators for which data is available (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	50%	60%	60%



Administration Protection and Support General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of cases assigned to investigators (statewide) (LAPAS CODE - 12052)	2,569	2,402	2,472	2,531	2,930

9. (KEY) Through the Permanent Supportive Housing activity, by 2013, to stabilize and reduce acute and institutional care for 2,000 high-need elders and adults with disabilities, impacted by Hurricanes Katrina and Rita in the Gulf Opportunity (GO) Zone, through the use of PSH individualized in-home supportive services in affordable, community-based housing.

State Outcome Goal Link: #7 - Better Health.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Performance Indicators

L e v e l Performance Indicator Name	Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Indicator Values			
			Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K Percentage of participants who remain stabilized in the community (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	60%	60%
K Percentage of participants who obtain a source of or increase in income (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	25%	25%

10. (KEY) Through the Independent Living - Community and Family Support and PCA for Adults with Disabilities activity, to enable persons with significant disabilities to function more independently in home, work, and community environments. To serve additional recipients at existing funding in FY11 and to establish a consumer-directed care option to provide more choice and more cost-effective use of funds.

State Outcome Goal Link: #7 - Better Health.



Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of expenditures going to direct services (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	92%	92%
K	Average cost per person (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	\$ 2,854	\$ 2,854
K	Percentage of consumers rating services as satisfactory (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	90%	90%

11. (KEY)Through the Traumatic Head and Spinal Cord Injury Trust Fund activity, in Fiscal Year 2011, to maintain independence and improve quality of life for survivors of traumatic brain and/or spinal cord injury who receive services through the Traumatic Brain Injury Trust Fund; and to serve as many as possible at the current level of funding via improved mission alignment and the opportunity to coordinate and leverage funds through the transfer of the program to the DHH Office of Aging and Adult Services.

State Outcome Goal Link: #7 - Better Health.

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by insuring the provision of healthcare services to women and families.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable



Performance Indicators

L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Indicator Values			
				Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percent of consumers who maintain independence as a result of services (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	75%	100%	100%



320_2000 — John J. Hainkel, Jr., Home and Rehab Center

Program Authorization: The statutory authority for the John J. Hainkel Jr., Home and Rehabilitation Center rests in R.S. 36:256 and R.S. 40:2142.

Program Description

The mission of the patient care program is to meet the medical, nursing, and rehabilitation needs of persons admitted through provision of individualized care so that residents requiring skilled and/or intermediate nursing facility care, or community ADHC services reach their fullest potential through an array of professional and paraprofessional services. While providing measurably complex care, the facility will maintain a high level of quality, and maintain active affiliations with area colleges and universities.

The goals of the John J. Hainkel, Jr., Home and Rehabilitation Center Program are:

- I. Provide coordinated medical, nursing, and rehabilitative services in a manner that maintains or improves the health of persons admitted, including a focus on complex, post hospitalization skilled rehabilitation and nursing care.
- II. Provide an array of services including post hospitalization skilled care, intermediate inpatient care, and community services through an Adult Day Health Care Center.
- III. Provide a teaching setting for local colleges and universities that educate health care providers including, medical school, nursing schools, physical therapy, occupational therapy, and social services, including provision of treatment setting involving complex and high quality post hospital care.

Maintain a high degree of compliance with requirements of the federal Centers for Medicare and Medicaid Services licensing and certification through annual inspection by Health Standards, State Fire Marshal, and health inspectors; and continuously improve quality of care through ongoing participation in Louisiana Health Care Review statewide initiatives to improve the quality of care. Maintain a high degree of compliance with VA requirements, as the only VA approved facility in the New Orleans area for nursing facility and ADHC services.

The John J. Hainkel, Jr., Home and Rehabilitation Center Program include the following five activities: Administration and General Support, Nursing Services, Medical Services, Adult Day Health Care Center, and Training Affiliations.

- The Administration and General Support activities include administration, human resources and payroll, medical records, information services, and business office services including accounting, purchasing, billing, property control, management of supplies and services, and the resident trust fund. Support activities include performance improvement, safety, and infection control. Other support activities include building and equipment maintenance, laundry, and environmental services.
- The Nursing Services activity provides skilled and intermediate inpatient nursing services. Inpatient services are provided through three nursing units, two staffed at 30 beds each, and one staffed with sixty beds. Nursing care is provided through RNs, LPNs, and certified nursing assistant staff.

- The Medical Services activity includes inpatient services such as medical, rehabilitation, and ancillary services. Physician services are provided through contracts with LSU and with individual practitioners. In addition to general medical care, care available to inpatient residents includes pharmacy, lab, radiology, respiratory therapy, dietetic services, wound care, dermatology, psychiatry, podiatry, optometry, and dental services. Rehabilitative services include physical therapy, occupational therapy, and speech therapy. Other direct care services include social work services and activities therapy. The medical services provided at the facility are commensurate with the high degree of medical complexity reflected in the high rate of admissions from area hospitals, and in the high case mix index of care provided.
- The Adult Day Health Care activity provides a community based alternative to inpatient nursing facility services. The ADHC program enables seniors and adults who would otherwise need higher cost inpatient nursing facility care to instead remain in their family and home environment, while receiving supportive health services during week days.
- The Training Affiliations activity provides an academic training center. Affiliations are maintained with area colleges and universities for on site practicums and other learning experiences in health care professions including geriatric fellows and medical residents working through LSU School of Medicine, nursing schools for RN and LPN training programs, and allied health including physical therapy, speech therapy, occupational therapy. Other disciplines with rotations and/or practicums include dental and phlebotomy. The facility also provides a series of continuing educational programs to aging services providers in the metropolitan area. The high complexity of post hospital skilled care provided at the facility, and high quality of care provide a learning opportunity for students in various health care training programs, in the demographically rapidly expanding geriatric rehabilitation field.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$0	\$7,809,685	135	John J. Hainkel Jr. Home and Rehabilitation Center Activity - provides nursing home long term care, skilled nursing facility rehabilitation care, and Adult Day Health Care to medically and financially eligible residents.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$0	\$7,809,685	135	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

John J. Hainkel, Jr., Home and Rehab Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 1,303,337	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
State General Fund by:						
Total Interagency Transfers	5,366,039	6,672,311	6,672,311	5,962,857	5,527,808	(1,144,503)
Fees and Self-generated Revenues	853,377	836,587	836,587	1,371,811	1,342,945	506,358



John J. Hainkel, Jr., Home and Rehab Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	201,973	416,162	416,162	937,609	938,932	522,770
Total Means of Financing	\$ 7,724,726	\$ 7,925,060	\$ 7,925,060	\$ 8,272,277	\$ 7,809,685	\$ (115,375)

Expenditures & Request:

Personal Services	\$ 5,696,557	\$ 5,759,545	\$ 5,759,545	\$ 6,105,912	\$ 5,663,414	\$ (96,131)
Total Operating Expenses	1,301,965	1,202,876	1,202,876	1,224,015	1,202,876	0
Total Professional Services	135,129	175,000	175,000	183,400	175,000	0
Total Other Charges	564,465	687,639	687,639	668,950	703,395	15,756
Total Acq & Major Repairs	26,610	100,000	100,000	90,000	65,000	(35,000)
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 7,724,726	\$ 7,925,060	\$ 7,925,060	\$ 8,272,277	\$ 7,809,685	\$ (115,375)

Authorized Full-Time Equivalents:

Classified	139	137	137	137	134	(3)
Unclassified	1	1	1	1	1	0
Total FTEs	140	138	138	138	135	(3)

Source of Funding

The John J. Hainkel program is funded from Interagency Transfers, Fees and Self-generated Revenues, and Title XVIII Federal Funds (Medicare). Interagency Transfers means of financing represents Title XIX reimbursement for services provided to Medicaid eligible patients received through the Department of Health and Hospitals, Medical Vendor Payments. Fees and Self-generated Revenues include: (1) payments from patients for services based on a sliding fee scale; (2) employee meal reimbursement; and (3) miscellaneous income, such as donations from the New Orleans Home and Rehabilitation Center Volunteer Board. Federal Funds are Title XVIII for services provided to Medicare eligible patients.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 0	\$ 7,925,060	138	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
0	190,977	0	State Employee Retirement Rate Adjustment
0	6,615	0	Salary Base Adjustment



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
0	(116,808)	0	Attrition Adjustment
0	(109,999)	(3)	Personnel Reductions
0	90,000	0	Acquisitions & Major Repairs
0	(100,000)	0	Non-Recurring Acquisitions & Major Repairs
0	(21,621)	0	Risk Management
0	3,802	0	Legislative Auditor Fees
0	(925)	0	UPS Fees
Non-Statewide Major Financial Changes:			
0	(57,416)	0	Annualization of the OAAS FY2010 mid-year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction. Personnel services provided at the John J. Hainkel Jr. Home and Rehabilitation Center will be reduced.
\$ 0	\$ 7,809,685	135	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 0	\$ 7,809,685	135	Base Executive Budget FY 2010-2011
\$ 0	\$ 7,809,685	135	Grand Total Recommended

Professional Services

Amount	Description
\$175,000	Medical services, including physicals, therapy, dermatology, ear, nose, and throat (ENT), psychiatry, dental, dietitian, pharmacy, and others
\$175,000	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
Other Charges:	
This program does not have funding for Other Charges for Fiscal Year 2010-2011.	
\$0	SUB-TOTAL OTHER CHARGES
Interagency Transfers:	
\$308,961	Office of Risk Management (ORM)
\$30,183	Division of Administration - LEAF payments
\$364,251	Office of Telecommunications Management (OTM) Fees
\$703,395	SUB-TOTAL INTERAGENCY TRANSFERS
\$703,395	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
\$38,593	Funding for the replacement of obsolete, inoperable, or damaged equipment
\$26,407	Routine repairs to the buildings, HVAC systems, water systems, and physical plant.
\$65,000	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

1. (KEY) Through the John J. Hainkel Jr. Home and Rehabilitation Center activity, to continue to serve as an Academic Health Center providing demonstrable quality, cost-effective Nursing Home, Rehabilitation, and Adult Day Health Care to the medically underserved Greater New Orleans area with emphasis on Veterans Administration and Medicaid patients with limited or without other options for care.

State Outcome Goal Link: This activity links to 3 FY2011 outcome based budgeting goals for #7 - Better Health: 1) Through the ADHC, provide a model of de-institutionalized care for the elderly, through focus on complex and high quality of care, 2) Promoting quality providers to improve health outcomes, and 3) Developing an adequate qualified medical workforce.

Children's Budget Link: Not applicable

Human Resource Policies Beneficial to Women and Families Link: This program will support Act 1078 by following internal human resource strategies, policies, and procedures that are helpful and beneficial to women and families to include EEO, FMLA, awareness of domestic violence, sexual harassment. The facility provides varied shifts to accommodate employee needs. An Employee Assistance program is available, and information is made available to employees regarding programs such as LACHip, Community Care, and United Way.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010 links in a general way to the operations of the JJHHRC by increasing the proportion of persons with long term care needs who have access to the continuum of long term care services.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		K Percentage compliance with CMS Long Term Care standards (LAPAS CODE - 2273)	90.0%	95.0%	90.0%	90.0%	98.0%
S Average daily census (LAPAS CODE - 8009)	94	102	94	94	115	115	
K Occupancy rate (LAPAS CODE - 2277)	93%	93%	93%	93%	95%	95%	

1. Calculation based on staff beds.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Staff/client ratio (LAPAS CODE - 2279)	1.23	1.21	1.23	1.23	1.10	1.10
K	Total clients served (LAPAS CODE - 10051)	185	270	185	185	270	270
K	Cost per client day (LAPAS CODE - 2278)	\$ 219	\$ 196	\$ 219	\$ 219	\$ 189	\$ 189
S	Percentage of targeted clients with maintained or improved functioning levels (LAPAS CODE - 11199)	90%	90%	90%	90%	90%	90%

John J. Hainkel, Jr., Home and Rehab Center General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of clients with potential for increased independence (LAPAS CODE - 14395)	248	248	132	135	270
Number of staffed beds (LAPAS CODE - 11201)	142	102	142	110	120
Average length of stay (in days) (LAPAS CODE - 11202)	352	215	591	315	128



320_3000 — Villa Feliciana Medical Complex

Program Authorization: R.S. 28:22.7, R.S. 40:2002.4, R.S. 40:2142

Senate Bill No. 562/House Bill No. 638 of the Regular Session, 2006, amended and reenacted Section 2, R.S. 36:251(C)(1) and 258(F) of The Constitution of Louisiana (1974) to establish the Office of Aging and Adult Services within the Department of Health and Hospitals. The Office of Aging and Adult Services shall be responsible for the programs and functions of the State related to the protection and long-term care of the elderly and persons with adult onset disabilities. It shall administer the residential state-operated nursing homes, the Villa Feliciana Medical Complex, the protection services program, the long-term supports and services programs, as well as other related programs of the State. R.S. 28:22.7(B) was amended and reenacted to transfer the Villa Feliciana Medical Complex to the Office of Aging and Adult Services.

Program Description

The mission of Villa Feliciana Medical Complex Program is to provide specialized medical care and rehabilitative services to medically complex patients diagnosed with chronic diseases, disabilities and terminal illness.

The goals of the Villa Feliciana Medical Complex Program are:

- I. Administer and manage patient care in a manner that ensures compliance with applicable standards of care and provides quality health care services to patients through the identification of need and maximizing utilization of existing services.
- II. Provide quality health care services to patients through the identification of need and maximizing utilization of existing services and to provide leadership, program development and support for the efficient use of resources.
- III. Maintain a high degree of compliance with requirements for the federal Centers for Medicare and Medicaid Services licensing and certification through annual inspections by Health Standards, State Fire Marshall and other regulatory agencies and continue to strive for improvements in quality of care.
- IV. Provide specialized care to hard to serve individuals with high acuity levels and/or complex chronic conditions through skilled medical, hospital, and tuberculosis care units.

The Villa Feliciana Medical Complex Program includes the following five activities: Administration and General Support, Nursing Services, Physician Services, Ancillary Services and Training Affiliations.

- The Administration and General Support activity includes administration, human resources, payroll, information technology, accounting, purchasing, billing, property control and the management of supplies and services through the warehouse and central supply departments. This activity provides administrative leadership, prepares budgets and supportive documentation and provides administrative support for the delivery of quality patient care. This activity also provides support activities to include: maintenance, training, security, medical records, dietary and housekeeping.

- The Nursing Services activity provides direct patient care to skilled, intermediate, and acute patients with chronic diseases, disabilities and terminal illnesses in three separate patient buildings. Nursing care is provided by registered nurses, licensed practical nurses, and certified nursing aides who provide quality patient care.
- The Physician Services activity administers medical care to patients on a daily basis, assesses patients as to care and provides wellness physicals and emergency call for patients that become ill after hours. Physicians also provide care for patients who are in need of a higher level of medical care through the acute care hospital unit that is housed and staffed within the Villa Feliciano Medical Complex. Physician Services has a contracted Medical Director that oversees the physicians, nursing and ancillary programs.
- The Ancillary Services activity includes the following in-house services: physical therapy, occupational therapy, social services, recreation, beauty and barber, laboratory and radiology with 24 hour on-call coverage and a respiratory department that provides 24 hour coverage for ventilator dependent and tracheotomy patients. Additionally, the following services are provided through contractual agreements: speech therapy, psychiatry, pathology, tuberculosis consultation, dental and optometry.
- The Training Affiliations activity provides contractual agreements with four Louisiana Technical Colleges to provide on-site training opportunities for students enrolled in their Licensed Professional Nursing and Certified Nursing Assistant programs.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$0	\$17,942,116	249	Villa Feliciano Medical Complex Activity - The Villa Feliciano Medical Complex is a 24-hour long-term care facility that provides quality, comprehensive, in-house health care services.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$0	\$17,942,116	249	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Villa Feliciano Medical Complex Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 1,545,814	\$ 968,178	\$ 968,178	\$ 1,174,911	\$ 0	\$ (968,178)
State General Fund by:						
Total Interagency Transfers	17,242,591	17,986,492	17,986,492	18,237,430	16,935,897	(1,050,595)
Fees and Self-generated Revenues	769,353	722,178	722,178	591,314	598,488	(123,690)
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0



Villa Felician Medical Complex Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Federal Funds	536,327	457,533	457,533	396,150	407,731	(49,802)
Total Means of Financing	\$ 20,094,085	\$ 20,134,381	\$ 20,134,381	\$ 20,399,805	\$ 17,942,116	\$ (2,192,265)
Expenditures & Request:						
Personal Services	\$ 16,059,287	\$ 15,695,257	\$ 15,405,744	\$ 15,944,428	\$ 14,291,694	\$ (1,114,050)
Total Operating Expenses	2,183,967	2,261,794	2,261,794	2,312,820	1,877,484	(384,310)
Total Professional Services	386,422	429,730	429,730	429,730	250,000	(179,730)
Total Other Charges	1,456,428	1,657,600	1,657,600	1,618,377	1,428,488	(229,112)
Total Acq & Major Repairs	7,981	90,000	90,000	94,450	94,450	4,450
Total Unallotted	0	0	289,513	0	0	(289,513)
Total Expenditures & Request	\$ 20,094,085	\$ 20,134,381	\$ 20,134,381	\$ 20,399,805	\$ 17,942,116	\$ (2,192,265)
Authorized Full-Time Equivalents:						
Classified	301	292	292	279	247	(45)
Unclassified	2	2	2	2	2	0
Total FTEs	303	294	294	281	249	(45)

Source of Funding

The Villa Felician Medical Complex program is funded with Interagency Transfers, Fees and Self-generated Revenues, and Title XVIII Federal Funds (Medicare). Interagency Transfers means of financing includes: (1) Title XIX reimbursement for services provided to Medicaid eligible patients received through the Department of Health and Hospitals, Medical Vendor Payments; (2) payment for patient services provided to Eastern Louisiana Mental Health System Forensic Division; and (3) payment for laboratory and x-ray services provided to Eastern Louisiana Mental Health System Forensic Division and Louisiana War Veterans Home. Fees and Self-generated Revenues include: (1) payment from patients for services based on a sliding fee scale; (2) employee meal reimbursement; and (3) miscellaneous income, such as funds received from individuals for copies of patient medical records. Federal Funds are Title XVIII for services provided to Medicare eligible patients.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 968,178	\$ 20,134,381	294	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
0	7,280	0	Civil Service Training Series
0	204,855	0	State Employee Retirement Rate Adjustment
0	(532,643)	(10)	Personnel Reductions



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
0	94,450	0	Acquisitions & Major Repairs
0	(90,000)	0	Non-Recurring Acquisitions & Major Repairs
0	(36,200)	0	Risk Management
0	(3,023)	0	Legislative Auditor Fees
0	946	0	Civil Service Fees
0	(2,458)	0	CPTP Fees
Non-Statewide Major Financial Changes:			
0	(354,794)	0	Annualization of the reduction in Title 19 Medicaid Funds at the Villa Feliciano Medical Complex per OAAS's FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
(968,178)	(1,543,612)	(35)	Annualization of the reduction of funding, elimination of sixteen (16) T.O. FTE direct patient care positions, and closure of the Gateway Program at Villa. Nineteen (19) vacant T.O. FTE positions will be reduced at Villa as well. These reductions were part of OAAS's FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
0	62,934	0	One time and recurring FY12 costs due to the reductions at the Villa Feliciano Medical Complex. \$3,734 of the costs are for termination pay and \$59,200 of the costs will recur in FY12 for unemployment costs.
\$ 0	\$ 17,942,116	249	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 0	\$ 17,942,116	249	Base Executive Budget FY 2010-2011
\$ 0	\$ 17,942,116	249	Grand Total Recommended

Professional Services

Amount	Description
\$250,000	Medical and Dental - Villa Feliciano Medical Complex is an inclusive acute care/long term care hospital with a tuberculosis (TB) Ward. Services are contracted to provide patient care for ophthalmology, dental, psychiatric, dermatology, medical doctor, radiology, medical records, pathology, infectious disease, and others.
\$250,000	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
	This program does not have funding for Other Charges for Fiscal Year 2010-2011.
\$0	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:



Other Charges (Continued)

Amount	Description
\$671,325	Office of Risk Management (ORM)
\$18,761	Uniform Payroll System (UPS)
\$12,556	Legislator Auditor Fees
\$250,000	East Louisiana Hospital - Utilities (Natural Gas)
\$409,822	Administrative Costs - Bed Tax
\$23,488	Office of Telecommunications Management (OTM) Fees
\$42,536	Administrative Costs
\$1,428,488	SUB-TOTAL INTERAGENCY TRANSFERS
\$1,428,488	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$27,455	Funding for replacement of obsolete, inoperable, or damaged equipment.
\$66,995	Routine repairs to the buildings, HVAC systems, water systems, and physical plant.
\$94,450	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

1. (KEY) Through the Villa Feliciana Medical Complex activity, in FY10-11 to provide quality, specialized medical care and rehabilitative services in a cost effective manner to medically complex, long-term care patients.

State Outcome Goal Link: #7 - Better Health. Villa Feliciana is able to improve health in Louisiana by decreasing the percentage of avoidable expenditures for the care of citizens who have acute, mental health, physical care issues.

Children's Budget Link: Not Applicable

Human Resource Policies Beneficial to Women and Families Link: Villa Feliciana Medical Complex has implemented more flexible work hours that are helpful and beneficial to women and families.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: All of these areas are reflected by calculations that come from census, admissions, budget and total number of employees.



Performance Indicators

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percent compliance with CMS license and certification standards (LAPAS CODE - 8010)	95%	99%	95%	95%	96%	96%
	Standard was set because of the age of the facility and history of inspections.						
S	Average daily census (LAPAS CODE - 2292)	185	173	175	175	180	180
	Number includes Gateway and Hospital Unit.						
K	Total clients served (LAPAS CODE - 10052)	255	255	245	245	255	255
K	Occupancy rate (LAPAS CODE - 2288)	90%	89%	90%	90%	90%	90%
S	Staff to client ratio (LAPAS CODE - 2287)	1.70	1.57	1.70	1.70	1.70	1.70
K	Cost per client day (LAPAS CODE - 2289)	\$ 300	\$ 318	\$ 315	\$ 315	\$ 372	\$ 372

Villa Feliciano Medical Complex General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of staffed beds (LAPAS CODE - 11214)	210	210	195	195	195



320_4000 — Auxiliary Account

Program Description

The Patient Recreation Fund Account provides therapeutic activities to patients as approved by treatment teams.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$0	\$59,500	0	Auxiliary Account Activity - This activity is for funds generated by patient activities at the Villa Feliciana Medical Complex and the John J. Hainkel Home.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$0	\$59,500	0	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Auxiliary Account Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	18,681	59,500	59,500	59,500	59,500	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 18,681	\$ 59,500	\$ 59,500	\$ 59,500	\$ 59,500	\$ 0
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	18,681	59,500	59,500	59,500	59,500	0
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 18,681	\$ 59,500	\$ 59,500	\$ 59,500	\$ 59,500	\$ 0



Auxiliary Account Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The Auxiliary Account is funded with Fees and Self-generated Revenues. These activities are funded by the sale of merchandise in the patient canteen.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 0	\$ 59,500	0	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
\$ 0	\$ 59,500	0	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 0	\$ 59,500	0	Base Executive Budget FY 2010-2011
\$ 0	\$ 59,500	0	Grand Total Recommended

Professional Services

Amount	Description
	This program does not have funding for Professional Services for Fiscal Year 2010-2011.

Other Charges

Amount	Description
	Other Charges:



Other Charges (Continued)

Amount	Description
\$59,500	Sales of Cigarettes to patients and costs of vending machine sales
\$59,500	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	This program does not have funding for Interagency Transfers for Fiscal Year 2010-2011.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$59,500	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.



09-324 — Louisiana Emergency Response Network Board

Agency Description

The mission of the Louisiana Emergency Response Network is to safeguard the public health, safety, and welfare of the people of the State of Louisiana against unnecessary trauma and time-sensitive related deaths of morbidity due to trauma. In order to accomplish its mission, LERN will establish a statewide system of regional trauma-patient care that is an organized, seamless, and coordinated effort among each component of care including pre-hospital, acute care, post-acute care, rehabilitation and injury prevention in a defined geographic location which provides access to local health systems for time-sensitive patient care treatment.

Louisiana will have a comprehensive and integrated trauma network that decreases trauma-related deaths and incidents of morbidity and mortality due to trauma in Louisiana by maximizing the integrated delivery of optimal resources for patients who ultimately need acute trauma care. The network will also address the daily demands of trauma care and form the basis for disaster preparedness.

The goal of the Louisiana Emergency Response Network is to:

- I. Institute a comprehensive and integrated trauma network that decreases trauma-related deaths and incidents of morbidity and mortality due to trauma in Louisiana by maximizing the integrated delivery of optimal resources for patients who ultimately need acute trauma care. The network will also address the daily demands of trauma care and form the basis for disaster preparedness.

The Louisiana Emergency Response Network includes the following human resources policies that are helpful and beneficial to women and children: the DHH Family and Medical Leave Policy (#8108-93) to provide up to 12 workweeks of "job-protected" paid or unpaid leave during any 12-month period to eligible employees (regardless of gender and other non-merit factors) for certain specified family and medical reasons; the Sexual Harassment Policy (#8143-02) and the Equal Employment Opportunity Policy (#8116-77), in addition, flexibility in work schedules assists both women and their families; DHH Policy #8116-77 EEO/EEO Complaints Policy provides for equal opportunities for the recruitment, employment, training and promotion of all employees based solely on merit factors and prohibits the use of gender and other non-merit factors; DHH Accrual and Use of Leave for Classified Employees Policy (#8107-76) to credit and grant leave in accordance with Civil Service Rules and provisions of the DHH leave policy, leave is administered as uniformly and equitably as possible without regard to gender and non-merit factors; a Time and Attendance Policy permitting the use of flexible time schedules for employees as approved by the supervisor and management; Affirmative Action Plan requires equal opportunities for the recruitment, employment, training and promotion of all employees based solely on merit factors and prohibits the use of gender and other non-merit factors.

The Louisiana Emergency Response Network Board (LERN) has one program: Louisiana Emergency Response Network Board.

For additional information, see:

[Department of Health and Hospitals](#)

Louisiana Emergency Response Network Board Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 3,886,257	\$ 3,671,437	\$ 3,991,279	\$ 3,479,832	\$ 3,231,746	\$ (759,533)
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 3,886,257	\$ 3,671,437	\$ 3,991,279	\$ 3,479,832	\$ 3,231,746	\$ (759,533)
Expenditures & Request:						
Louisiana Emergency Response Network Board	\$ 3,886,257	\$ 3,671,437	\$ 3,991,279	\$ 3,479,832	\$ 3,231,746	\$ (759,533)
Total Expenditures & Request	\$ 3,886,257	\$ 3,671,437	\$ 3,991,279	\$ 3,479,832	\$ 3,231,746	\$ (759,533)
Authorized Full-Time Equivalents:						
Classified	11	10	10	7	7	(3)
Unclassified	0	0	0	0	0	0
Total FTEs	11	10	10	7	7	(3)



324_1000 — Louisiana Emergency Response Network Board

Program Authorization: R.S. 40:2841 - 2846

Program Description

The mission of LERN is to safeguard the public health, safety and welfare of the people of the State of Louisiana against unnecessary trauma and time-sensitive related deaths due to trauma. LERN is a comprehensive, coordinated statewide system for access to regional trauma patient care throughout the State of Louisiana. LERN will establish a statewide system of regional trauma-patient care that is an organized, seamless, and coordinated effort among each component of care including pre-hospital, acute care, post-acute care, rehabilitation and injury prevention in a defined geographic location which provides access to local health systems for time-sensitive patient care treatment.

LERN is dedicated to providing access to high quality, definitive care for everyone in the State by proactively building an integrated trauma system that is responsive to both those in need, as well as the provider communities around the state. In the vast majority of cases, the difference between life and death hinges on a well-coordinated team response and specialized medical training plus the public awareness and modern technology to tie it all together. LERN offers to continue its state-of-the-art call center operations to direct the transport of traumatically injured patients to definitive care within the "Golden Hour" of care. Activities were developed based on the recommendations of the American College of Surgeons Consultative Visit in June 2009 and on the results of the Best Practices research conducted by SSA Consultants involving the states of Alabama, Florida, Maryland, North Carolina, Pennsylvania and Texas.

Louisiana Emergency Response Network Board includes one activity: LERN Central Office and Call Center Operations.

The purpose of the LERN Central Office and Call Center Operations activity is to continue the operational activity of the LERN Central Office and the LERN Call Centers located in Baton Rouge and Shreveport to encompass 100% of the citizens of Louisiana in directing the transport of traumatically injured patients to definitive care within sixty minutes of injury.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$3,231,746	\$3,231,746	7	LERN Central Office and Call Center Activity - This activity provides for the call centers and administration of a network to coordinate emergency care in the State of Louisiana.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$3,231,746	\$3,231,746	7	Grand Total of Activities Recommended including Non T.O. FTE Ceiling



Louisiana Emergency Response Network Board Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 3,886,257	\$ 3,671,437	\$ 3,991,279	\$ 3,479,832	\$ 3,231,746	\$ (759,533)
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 3,886,257	\$ 3,671,437	\$ 3,991,279	\$ 3,479,832	\$ 3,231,746	\$ (759,533)
Expenditures & Request:						
Personal Services	\$ 304,576	\$ 1,001,389	\$ 769,733	\$ 791,777	\$ 735,997	\$ (33,736)
Total Operating Expenses	111,767	240,522	255,847	243,167	477,002	221,155
Total Professional Services	1,958,308	2,397,528	2,397,528	2,397,528	1,946,233	(451,295)
Total Other Charges	18,646	31,998	31,998	33,360	58,514	26,516
Total Acq & Major Repairs	1,492,960	0	304,517	14,000	14,000	(290,517)
Total Unallotted	0	0	231,656	0	0	(231,656)
Total Expenditures & Request	\$ 3,886,257	\$ 3,671,437	\$ 3,991,279	\$ 3,479,832	\$ 3,231,746	\$ (759,533)
Authorized Full-Time Equivalents:						
Classified	11	10	10	7	7	(3)
Unclassified	0	0	0	0	0	0
Total FTEs	11	10	10	7	7	(3)

Source of Funding

The Louisiana Emergency Response Network Board program is funded with State General Fund.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 3,991,279	\$ 3,991,279	10	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
26,201	26,201	0	State Employee Retirement Rate Adjustment



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
(10,221)	(10,221)	0	Salary Base Adjustment
(231,656)	(231,656)	(3)	Personnel Reductions
14,000	14,000	0	Acquisitions & Major Repairs
(319,842)	(319,842)	0	Non-recurring Carryforwards
1,202	1,202	0	Risk Management
160	160	0	UPS Fees
1,098	1,098	0	Civil Service Fees
120	120	0	CPTP Fees
Non-Statewide Major Financial Changes:			
(116,738)	(116,738)	0	Annualization of the FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction. Current and proposed American Medical Response Contracts for Call Center Staffing will be reduced.
(217,222)	(217,222)	0	Annualization of FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction. LERN will reduce Professional Services contracts for Programmatic Evaluation.
260,458	260,458	0	Rent and utilities for a new leased facility to house LERN and the Baton Rouge call center as well as funding for T-1 lines to provide redundant backup in case of an emergency to DHH, GOSHEP, and the State Police.
(167,093)	(167,093)	0	Annualization of the mid year FY2010 5% SGF reduction in professional services contracts for management consulting and IT systems development. The reduction was pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
\$ 3,231,746	\$ 3,231,746	7	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 3,231,746	\$ 3,231,746	7	Base Executive Budget FY 2010-2011
\$ 3,231,746	\$ 3,231,746	7	Grand Total Recommended

Professional Services

Amount	Description
\$100,000	Legal - Contracts for attorneys
\$436,624	Professional services for graphic design, strategic planning and staffing contractor for management of daily operations state/regional
\$348,920	Medical & Dental Services for Medical Director, trauma education to hospital/pre-hospital and the trauma registration
\$1,060,689	Call Center Staffing from AMR 24hrs/7days/356 year
\$1,946,233	Total Professional Services



Other Charges

Amount	Description
Other Charges:	
\$12,000	Clinical Training for Nurse Coordinators
\$12,000	SUB-TOTAL OTHER CHARGES
Interagency Transfers:	
\$1,670	Office of Risk Management
\$6,000	Printing services
\$38,844	Telephone and telegraph services
\$46,514	SUB-TOTAL INTERAGENCY TRANSFERS
\$58,514	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$14,000	Funding for the replacement and repairs of obsolete, inoperable, or damaged equipment
\$14,000	Total Acquisitions and Major Repairs

Performance Information

- (KEY) Through the LERN Central Office and Call Center Operations Activity, to continue the operational activity of the LERN Central Office and the LERN Call Centers located in Baton Rouge and Shreveport to encompass 100% of the citizens of Louisiana in directing the transport of traumatically injured patients to definitive care within sixty minutes of injury.**

State Outcome Goal Link: In State Outcome #7 - Better Health, the Results Team recognized that there is "a lack of coordination among emergency service providers and medical facilities to best route a patient to the facility where...(they) can receive the best care." The legislatively mandated goal of LERN is to establish a "coordinated statewide system for access to regional trauma-patient care throughout the state in order to safeguard the public health, safety, and welfare of the people..." The LERN Network, through the function of the two LERN Call Centers coordinates the transport of traumatically injured patients allowing the citizens of the State to receive definitive care at the right time.

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



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of hospitals having emergency room services that participate in the LERN network (LAPAS CODE - 22965)	47%	Not Applicable	90%	90%	100%	75%
K	Percentage of EMS agencies that participate in LERN (LAPAS CODE - 22328)	50%	78%	50%	50%	80%	50%
K	Percentage of traumatically injured patients directed by LERN that are transported to an appropriated care facility within an hour of their injury (LAPAS CODE - 22329)	90%	78%	90%	90%	90%	80%



09-326 — Office of Public Health



Agency Description

The mission of the Office of Public Health (OPH) is to:

- Promote health through education that emphasizes the importance of individual responsibility for health and wellness.
- Enforce regulations that protect the environment and to investigate health hazards in the community.
- Collect and distribute information vital to informed decision-making on matters related to individual, community, and environmental health.
- Provide for leadership for the prevention and control of disease, injury, and disability in the state.
- Provide assurance of essential preventive health care services for all citizens and a safety net for core public health services for the underserved.

The goals of the Office of Public Health are to:

- I. Protect the quality of our physical environment.
- II. Reduce illness, disability, and premature death.
- III. Elevate the health status of our population.
- IV. Improve our health care and social environments.

The Office of Public Health has three programs: Vital Records and Statistics, Personal Health Services, and Environmental Health Services.

For additional information, see:

[Office of Public Health](#)

Office of Public Health Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 59,037,098	\$ 53,107,884	\$ 53,209,213	\$ 57,881,334	\$ 47,891,878	\$ (5,317,335)
State General Fund by:						
Total Interagency Transfers	32,120,917	25,265,229	25,295,295	21,239,862	21,765,117	(3,530,178)
Fees and Self-generated Revenues	25,399,465	26,225,724	26,243,646	26,017,395	24,276,996	(1,966,650)
Statutory Dedications	7,918,431	7,377,054	7,377,054	7,365,589	7,796,748	419,694
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	212,427,025	218,159,888	241,518,749	236,739,245	227,444,125	(14,074,624)
Total Means of Financing	\$ 336,902,936	\$ 330,135,779	\$ 353,643,957	\$ 349,243,425	\$ 329,174,864	\$ (24,469,093)
Expenditures & Request:						
Vital Records and Statistics	\$ 6,139,520	\$ 7,720,945	\$ 7,720,945	\$ 5,359,760	\$ 8,604,649	\$ 883,704
Personal Health Services	300,035,747	292,001,367	315,509,545	312,119,840	294,640,220	(20,869,325)
Environmental Health Services	30,727,669	30,413,467	30,413,467	31,763,825	25,929,995	(4,483,472)
Total Expenditures & Request	\$ 336,902,936	\$ 330,135,779	\$ 353,643,957	\$ 349,243,425	\$ 329,174,864	\$ (24,469,093)
Authorized Full-Time Equivalents:						
Classified	1,650	1,642	1,642	1,633	1,565	(77)
Unclassified	21	21	21	21	21	0
Total FTEs	1,671	1,663	1,663	1,654	1,586	(77)



326_1000 — Vital Records and Statistics

Program Authorization: LA, R.S. 40:32 et seq., LA, R.S. 40:1299.80 et seq.

Program Description

The mission of the Vital Records and Statistics Program is to operate a centralized vital event registry and health data analysis office for the government and people of the state of Louisiana. The program collects, transcribes, compiles, analyzes, reports, preserves, amends, and issues vital records including birth, death, fetal death, abortion, marriage, and divorce certificates and is in charge of operating the Louisiana Putative Father Registry, the Orleans Parish Marriage License Office, and the recording of all adoptions, legitimatizations, and other judicial edicts that affect the state’s vital records. This program also maintains the state’s health statistics repository and publishes the Vital Statistics Reports and the Louisiana Health Report Card.

The goals of the Vital Records and Statistics Program are:

- I. To facilitate the timely filing of high quality vital documents prepared by hospitals, physicians, coroners, funeral directors, Clerks of the Court, and others.
- II. To provide responsive public services.
- III. To analyze and disseminate health information in support of health and social planning efforts.
- IV. To maintain and operate the Louisiana Putative Father Registry.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$4,780,233	\$8,604,649	55	Vital Records and Statistics Activity - This activity maintains the birth, death, fetal death, marriage, divorce and induced termination of pregnancy records for the state of Louisiana.
		16	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$4,780,233	\$8,604,649	71	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Vital Records and Statistics Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 2,503,843	\$ 1,711,349	\$ 1,711,349	\$ 1,500,104	\$ 4,780,233	\$ 3,068,884
State General Fund by:						
Total Interagency Transfers	142,551	1,219,486	1,219,486	34,749	199,431	(1,020,055)



Vital Records and Statistics Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Fees and Self-generated Revenues	3,261,424	4,166,546	4,166,546	3,351,762	3,200,316	(966,230)
Statutory Dedications	60,981	65,479	65,479	65,479	57,137	(8,342)
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	170,721	558,085	558,085	407,666	367,532	(190,553)
Total Means of Financing	\$ 6,139,520	\$ 7,720,945	\$ 7,720,945	\$ 5,359,760	\$ 8,604,649	\$ 883,704
Expenditures & Request:						
Personal Services	\$ 4,042,006	\$ 3,905,760	\$ 3,860,208	\$ 2,836,359	\$ 3,149,882	\$ (710,326)
Total Operating Expenses	598,512	893,611	893,611	903,441	1,341,322	447,711
Total Professional Services	0	0	0	0	0	0
Total Other Charges	1,467,953	2,908,806	2,908,806	1,619,960	4,029,070	1,120,264
Total Acq & Major Repairs	31,049	12,768	12,768	0	84,375	71,607
Total Unallotted	0	0	45,552	0	0	(45,552)
Total Expenditures & Request	\$ 6,139,520	\$ 7,720,945	\$ 7,720,945	\$ 5,359,760	\$ 8,604,649	\$ 883,704
Authorized Full-Time Equivalents:						
Classified	61	61	61	60	55	(6)
Unclassified	0	0	0	0	0	0
Total FTEs	61	61	61	60	55	(6)

Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, Statutory Dedications, and Federal Funds. Fees and Self-generated Revenues are comprised of fees for the provision of certified copies of Vital Records. The fees range from \$5 to \$15 depending upon the type of record provided. Interagency Transfers are derived from supplying other state agencies, such as Medical Vendor Administration, with vital records and other data. Statutory Dedications include the Vital Records Conversion Fund. (Per R.S. 39:36B. (8), see table below for a listing of expenditures out of each Statutory Dedication Fund.) Federal sources of funding are grants awarded as part of cooperative agreements to provide statistical data to the federal government.

Vital Records and Statistics Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Vital Records Conversion Fund	\$ 60,981	\$ 65,479	\$ 65,479	\$ 65,479	\$ 57,137	\$ (8,342)



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 1,711,349	\$ 7,720,945	61	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
45,513	113,782	0	State Employee Retirement Rate Adjustment
(81,915)	(215,564)	0	Salary Base Adjustment
(56,704)	(149,219)	0	Attrition Adjustment
(17,310)	(45,552)	(1)	Personnel Reductions
0	(12,768)	0	Non-Recurring Acquisitions & Major Repairs
3,830,061	3,822,444	0	Rent in State-Owned Buildings
52	248	0	Maintenance in State-Owned Buildings
Non-Statewide Major Financial Changes:			
785,400	0	0	Means of financing substitution to restore funding to the Vital Records program. The Vital Records program reduced state general fund in FY2010 in anticipation of being able to charge fees for the issuance of birth certificates. The fees were not implemented.
0	(8,342)	0	Reduction of the Vital Records Conversion Fund to reflect budget authority no longer available based on the Revenue Estimating Conference's adopted December 2009 projections.
(1,021,000)	(2,332,000)	0	Non-recur of Other Charges Expenditures for software and equipment for the Vital Records and Statistics Re-Engineering Project.
(27,036)	(71,148)	0	Adjustment for Related Benefits from Other Line Items.
(388,177)	(388,177)	(5)	Statistics unit is being transferred to DHH Policy Division. This transfer is part of OPH's FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
0	170,000	0	Agreement with MVP to provide vital records documents for Medicaid eligibility determination.
\$ 4,780,233	\$ 8,604,649	55	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 4,780,233	\$ 8,604,649	55	Base Executive Budget FY 2010-2011
\$ 4,780,233	\$ 8,604,649	55	Grand Total Recommended

Professional Services

Amount	Description
	This program does not have funding for Professional Services for Fiscal Year 2010-2011.



Other Charges

Amount	Description
	Other Charges:
\$3,300,000	Construction costs, moving expenses, and rent
\$390,685	Electronic birth certificate customization and records; maintenance of licenses of vital records renewal fees
\$211,865	Develop and implement a web-based system to electronically register and issue birth, death, marriage, divorce, and induced termination of pregnancy; also includes a business system and imaging of all archived records
\$3,902,550	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$53,292	LSU Print shop for printing of the Louisiana Health Report Card and Annual Report
\$40,876	Office of Risk Management Premium
\$32,352	Office of Telecommunications Management (OTM) Fees
\$126,520	SUB-TOTAL INTERAGENCY TRANSFERS
\$4,029,070	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$84,375	Funding for replacement and repairs of obsolete, inoperable, or damaged equipment.
\$84,375	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

1. (KEY) Through the Vital Records & Statistics activity, to process Louisiana vital event records and requests for emergency document services annually each year through June 30, 2013.

State Outcome Goals Link: This objective is linked to Goal #9: Transparent, Accountable and Effective Government: Vital Records provides services to all residents of Louisiana and to native-born Louisianans who no longer reside in the state. Individuals who are born, married, divorced, or die in Louisiana, their immediate families, certain state and federal agencies, and other recipients of vital-event information as approved by the State Legislature. Vital Records also provides state health-status indicators and analyses for use in health-program planning and evaluation; for monitoring health problems that may occur in Louisiana; to evaluate Louisiana's progress toward Healthy People 2010 health goals; and to support health-research projects in conjunction with educational, private, public, and community-based agencies.

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): This objective is linked to Goals and Objectives in Section I of the DHH Blueprint for Health for the expansion of primary health care.

Performance Indicators

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of vital records processed annually (LAPAS CODE - 2528)	175,000	183,645	140,000	140,000	180,000	180,000
K	Percentage of emergency document service requests filled within 24 hours (LAPAS CODE - 2549)	96%	98%	85%	85%	98%	98%
S	Percent of mail requests issued within two weeks (LAPAS CODE - 2548)	38%	79%	38%	38%	85%	85%
S	Percentage of records processed on a current flow basis within 30 days of receipt (LAPAS CODE - 13748)	65%	74%	65%	65%	80%	80%

Vital Records and Statistics General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Percentage of counter services customers served within 30 minutes (LAPAS CODE - 2547)	30%	75%	42%	49%	53%
Birth record intake (LAPAS CODE - 11227)	65,551	56,179	67,258	69,271	64,974
Death record intake (LAPAS CODE - 11229)	44,385	39,165	35,886	43,838	41,109
Marriage record intake (LAPAS CODE - 11231)	38,551	7,108	32,574	32,000	48,537
Divorce record intake (LAPAS CODE - 11232)	15,538	3,568	17,649	13,479	15,955
Abortion record intake (LAPAS CODE - 11234)	12,150	800	8,640	5,655	12,636
Fetal death record intake (LAPAS CODE - 11235)	593	372	328	629	434
Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates accepted (LAPAS CODE - 11236)	176,768	107,192	162,335	170,872	183,645
Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates sold (LAPAS CODE - 20430)	498,498	491,086	556,210	494,535	563,131



326_2000 — Personal Health Services

Program Authorization: R.S. 46:971-972; R.S. 17:2111-2112; R.S. 33:1563; R.S. 46; 2261-2267; R.S. 46:973-974; R.S. 40:31.33; U.S.C. 7019 (Maternal and Child Health Services Block Grant, Title V of the Social Security Act); Omnibus Budget Reconciliation Acts of 1981 and 1989; P.L. 101-239; Title XIX of the Social Security Act, as amended (42 CFR), R.S. 40:1299 thru 1299.5, Child Nutrition Act of 1966 as amended by Public Law 105-24, July 3, 1997, R.S. 46:447.1; Title V Maternal and Child Health; Section 502; Social Security Act Title XIX (P.L. 95-613); (P.L. 95-91); (P.L. 95-83); Title X, 42 U.S.C. 701:42 U.S.C. 3000. R.S. 40:5; Act 16; 42 U.S.C. 241(a), 243(b), 247(c); Health Omnibus Programs Extension (HOPE) Act; Title XXV; Public Law 100-607; Comprehensive AIDS Resources Emergency Act of 1990 (Title XXVI), R.S. 40:4,5; RS 17:170; 42 U.S.C. 2476 (Section 317 of the Public Health Act), R.S. 40:5; RS 40:1061-1068; RS 40:3.1; Public Law 105-17, 97', Individuals with Disabilities Education Act (IDEA); State Sanitary Code, Chapter II, 42 U.S.C., 247c (Public Health Service Act 318); Public Law 95-626, R.S. 40:4,5. 40:28-29; RS 40:17, R.S. 40: 5,7, 18; RS 40:1275 thru 1278; 42 U.S.C. 246, Louisiana State Sanitary Code, Chapters I, II, XII, XIV, XXIII, XXIV.

Program Description

The mission of the Personal Health Services Program is to provide and assure educational, clinical, and preventive services to Louisiana citizens to promote reduced morbidity and mortality resulting from:

- Chronic Diseases
- Infectious/communicable diseases.
- High risk conditions of infancy and childhood.
- Accidental and unintentional injuries.

Personal Health Services provides the leadership, administrative oversight, and grants management for those programs related to the provision of preventive health services to the citizens of the state. It is also the entity within OPH which directly provides a rich array of preventive health services and screenings to the diverse populations of Louisiana through a system of regional offices and parish health units.

The goals of the Personal Health Services Program are:

- I. To reduce the high-risk conditions of infancy and childhood.
- II. To prevent and/or control infectious and communicable diseases.
- III. To reduce the incidence of death and disability due to unintentional injuries.

The Personal Health Services Program includes the following activities: Maternal and Child Health (MCH), Immunization, Nutrition/Women Infants and Children (WIC), Communicable Diseases, Family Planning and Pharmacy, Injury Surveillance and Prevention, Emergency Medical Services, and Community Preparedness.

- The MCH Program is the only program in the state dedicated solely to promoting the physical and mental health, safety, and well being of any pregnant woman, infant, or child. Maternal and Child Health (MCH) assures access to and provision of primary and preventive health care services to women, infants, children, and adolescents. This program administers the federal Title V MCH Block Grant. Other programs funded under the MCH Block grant are: Family Planning, Children's Special Health Services, Immunization, School-Based Health and Genetics.

- The Immunization Program is a public health prevention program designed to prevent disease, disability, and death in children and adults through vaccination. This is accomplished by the application of appropriate vaccines and epidemiologic control measures, surveillance, conducting assessments, identification and immunization of clusters of under immunized children, enforcement of immunization laws, promotion of immunizations of persons of all ages, assurance of systematic immunization of susceptible children, adolescents, and adults in organized settings, community outreach/collaboration, and management of vaccines.
- Nutrition Services is comprised of several programs including the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); the Commodity Supplemental Food Program (CSFP); the Fruits and Veggies, More Matters Program; coordination of the Legislatively mandated Obesity Council; as well as nutrition consultative services currently provided for the Maternal and Child Health Program, the Children's Special Health Program, and the Genetics Program. The overriding goal of Nutrition Services is to promote health through nutrition education and when necessary through medical nutrition therapy. The Nutrition Program is also responsible for management of the Louisiana Council on Obesity Prevention and Management. This initiative promotes an environment that supports opportunities for all Louisiana residents to make healthy food choices and to be physically active in order to achieve or maintain a healthy weight. The purpose of the Louisiana Obesity Council is to create awareness, enhance reporting mechanisms, identify resources, advise and assist agencies with development and implementation of evidence based obesity program, ensure policy integrates with Healthy People 2010 goals, and to develop partnerships to promote healthy eating and physical activities, leverage resources and coordinate statewide efforts with public and private sector organizations to address childhood and adult obesity.
- The Communicable Diseases has three areas of focus, the HIV/AIDS Program, the Sexually Transmitted Diseases Control Program, and the Tuberculosis Control Program. The HIV/AIDS Program (HAP) is a cluster of programs designed to prevent the transmission of HIV/AIDS, to ensure the availability of quality medical and social services for HIV infected and affected individuals, and to track the impact of the epidemic in Louisiana. The goal of the program is to educate citizens regarding HIV/AIDS prevention, to monitor disease trends, and to offer client-centered services via prevention, care and treatment services, surveillance and evaluation. The Sexually Transmitted Diseases (STD) Control Program efforts are directed toward prevention, detection, and treatment of sexually transmitted diseases such as syphilis, HIV/AIDS, Gonorrhea, Chlamydia, Herpes, Trichomonas, and Chancroid. The program strives to prevent morbidity and mortality related to sexually transmitted diseases among the citizens of Louisiana. Tuberculosis Control prevents and controls tuberculosis through treatment, compliance monitoring, contact tracing, education, consultation to health professionals, and quarantine measures. The TB Categorical Grant Sum is the federal funding source for the aforementioned services.
- Family planning helps families and singles space births and plan intended pregnancies to ensure positive birth outcomes and a healthy start for infants. Family planning services include physical exams, pregnancy testing, health screenings, laboratory testing, prescriptions, referrals, nutrition counseling and contraception as well as community outreach and coordination, and referral with community agencies and education and information on reproductive health. Pharmacy Services is part of the treatment arm of Public Health, supplying prescription drugs, over-the-counter drugs, and medical supplies for Public Health units located throughout the State. Programs served include Family Planning, Tuberculosis, Sexually Transmitted Diseases, Hemophilia, Children's Special Health Services, Genetics, and Maternal and Child Health. Pharmacy also serves as an information source for drug identification, doses, adverse reactions, side effects, drug/drug interactions, drug/food interactions, and nutritional and herbal questions.
- Injury Research and Prevention monitors trends in injury and develops prevention programs by collecting and disseminating data which identifies risk factors and successful interventions. The Injury Research and Prevention section is a subunit of the Bureau of EMS within OPH.



- Emergency Medical Services (EMS) assures quality of pre-hospital care through training, certification, and standards development for all levels of emergency medical service providers in the state. The program also develops and implements a statewide trauma care plan. EMS also oversees the: EMS for Children program which provides training on emergency medical technicians for emergency medical service to children; and the EMS Data Collection section which provides EMS data collection activities for the Department of Public Safety and Corrections, Louisiana Highway Safety Commission. EMS also oversees the Injury Research and Prevention section within OPH.
- The Center for Community Preparedness (CCP) serves as the catalyst that efficiently carries out the roles and responsibilities of the Emergency Support Function (ESF)- 8. ESF-8 is responsible for providing leadership for planning, directing and coordinating the overall State efforts to provide public health and medical services. The CCP uses an all-hazards approach to “integrate State and local public health jurisdictions’ preparedness for and response to public health threats. The CCP is organized according to National Incident Management System, Incident Command Structure to facilitate management for: Administration/ Finance, Logistics, Operations and Planning. The CCP provides strategic direction in the development and implementation of plans that protect all citizens of this state from bioterrorist attacks, emergent infectious diseases such as H1N1 and preventative medical needs.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$377,219	\$1,395,095	12	Emergency Medical Services Activity - This activity promulgates, regulates and enforces the rules that govern the provision of emergency medical services in the State of Louisiana.
\$1,255,718	\$15,576,329	54	Community Preparedness Activity - This activity is responsible for the State of Louisiana's public health response to terrorist threats, infectious disease outbreaks and natural disasters.
\$48,821	\$1,102,341	5	Injury Surveillance and Prevention Activity - This activity collects and analyzes injury data and develops a strategic plan of action to respond to the findings.
\$11,953,767	\$46,332,324	254	Maternal and Child Health (MCH) Activity - This activity identifies health problems in pregnancy, collects infant and child death data, and engages in activities in homes and schools to improve the health of children.
\$5,147,126	\$9,755,881	101	Immunization Activity - This activity prevents outbreaks of diseases through vaccination, public awareness campaigns, and surveillance and outbreak control methods.
\$579,729	\$58,914,182	206	Communicable Diseases Activity - This activity seeks to prevent the spread of HIV/ AIDs, Tuberculosis, gonorrhea, Chlamydia, and syphilis through screening, education, surveillance, and detection.
\$3,695,210	\$13,348,289	153	Family Planning and Pharmacy Activity - This activity offers counseling and services to men and women of childbearing age.
\$395,191	\$395,191	0	School Based Health Clinics Activity - This activity provides operating funding to 5 or more school based health clinics that received planning grants in FY2010.
\$6,591,187	\$13,447,001	81	Laboratory Activity - This activity consists of the public health laboratory which offers chemistry, microbiology, molecular biology, and biochemistry/newborn screening services for the State of Louisiana.
\$148,241	\$134,373,587	310	Nutrition Services/WIC Activity - This activity provides foodstuffs, counseling, and education to women with infant children.
		81	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$30,192,209	\$294,640,220	1,257	Grand Total of Activities Recommended including Non T.O. FTE Ceiling



Personal Health Services Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 39,018,484	\$ 36,152,501	\$ 36,253,830	\$ 40,377,231	\$ 30,192,209	\$ (6,061,621)
State General Fund by:						
Total Interagency Transfers	31,861,614	23,871,727	23,901,793	21,102,213	21,463,878	(2,437,915)
Fees and Self-generated Revenues	12,517,889	11,391,661	11,409,583	11,450,802	10,785,545	(624,038)
Statutory Dedications	7,761,500	7,215,625	7,215,625	7,204,160	7,643,661	428,036
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	208,876,260	213,369,853	236,728,714	231,985,434	224,554,927	(12,173,787)
Total Means of Financing	\$ 300,035,747	\$ 292,001,367	\$ 315,509,545	\$ 312,119,840	\$ 294,640,220	\$ (20,869,325)
Expenditures & Request:						
Personal Services	\$ 90,820,306	\$ 93,499,214	\$ 98,170,760	\$ 101,124,846	\$ 89,157,082	\$ (9,013,678)
Total Operating Expenses	28,217,179	29,360,036	34,039,009	34,840,863	33,104,294	(934,715)
Total Professional Services	7,367,362	10,082,057	10,090,257	10,346,672	10,082,057	(8,200)
Total Other Charges	169,368,999	157,688,394	170,302,358	165,171,326	162,046,787	(8,255,571)
Total Acq & Major Repairs	4,261,901	1,371,666	2,379,521	636,133	250,000	(2,129,521)
Total Unallotted	0	0	527,640	0	0	(527,640)
Total Expenditures & Request	\$ 300,035,747	\$ 292,001,367	\$ 315,509,545	\$ 312,119,840	\$ 294,640,220	\$ (20,869,325)
Authorized Full-Time Equivalents:						
Classified	1,213	1,209	1,209	1,201	1,156	(53)
Unclassified	20	20	20	20	20	0
Total FTEs	1,233	1,229	1,229	1,221	1,176	(53)

Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, Statutory Dedications and Federal Funds. Interagency Transfers include funds received from the Medical Vendor Program for medical services to Medicaid eligible patients; the Office of Management and Finance for providing emergency medical service training; the Department of Environmental Quality for coliform analysis. Fees and Self-generated Revenues are comprised of donated funds utilized for provision of child car safety seats on a loaned basis; patient fees or third party reimbursements received for medical services rendered; manufacturer's rebates received from infant formula purchases in the Women, Infants, and Children (WIC) Nutrition Program; local funds generated by parish mileage or contributions for parish health units; and allocation for drivers' license sales and fees for testing charged in the Emergency Medical Services activity. Federal sources of funding include funds for AIDS Prevention, Drugs, New Initiatives, and Reporting; a grant from the Center for Disease Control (CDC) to study behavioral risk factors; the USDA Commodity Supplemental Food



and WIC Program grants; the Family Planning Title 10 Grant; the Healthy Futures Case Management Grant for at-risk pregnant women; the Immunization Grant for Children; a Laboratory Training Grant; the Maternal and Child Health Grant; the Preventive Health Grant; and the Sexually Transmitted Disease Control Grant. Statutory Dedications are from the Louisiana Fund (R.S.39:98.6.(8)), the Louisiana Health Care Redesign Fund (R.S.39:100.51), the Overcollections Fund (R.S.39:100.21), the Sate Emergency Response Fund (R.S.39:100.31), and the Emergency Medical Technician Fund (R.S.40:1236.5). (Per R.S. 39:36B. (8), see table below for a listing of expenditures out of each Statutory Dedication Fund.)

Personal Health Services Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Louisiana Health Care Redesign Fund	85,702	0	0	0	0	0
Emergency Medical Technician Fund	8,937	19,553	19,553	19,553	19,553	0
Overcollections Fund	480,416	0	0	0	0	0
State Emergency Response Fund	76,075	0	0	0	0	0
Louisiana Fund	7,110,370	7,196,072	7,196,072	7,184,607	7,624,108	428,036

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 36,253,830	\$ 315,509,545	1,229	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
1,947	11,672	0	Civil Service Training Series
600,118	2,058,879	0	State Employee Retirement Rate Adjustment
(213,336)	(1,456,901)	0	Salary Base Adjustment
(200,897)	(1,475,339)	0	Attrition Adjustment
(438,091)	(1,676,814)	(19)	Personnel Reductions
(169,812)	(1,762,868)	0	Non-Recurring Acquisitions & Major Repairs
(101,329)	(499,227)	0	Non-recurring Carryforwards
(26,155)	(96,083)	0	Risk Management
164	4,107	0	Legislative Auditor Fees
1,212,373	1,146,037	0	Rent in State-Owned Buildings
463	2,233	0	Maintenance in State-Owned Buildings
(213)	(5,333)	0	UPS Fees
0	10,275	0	Civil Service Fees
0	(8,853)	0	CPTP Fees
0	3,092	0	Administrative Law Judges
Non-Statewide Major Financial Changes:			



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
0	5,000	0	Increase in Interagency Transfer Authority in the Public Health Laboratory Activity due to a coliform analysis agreement with the Department of Environmental Quality.
395,191	395,191	0	Annualization of funding for planning grants in the School Based Health Clinics program in the Maternal and Child Health Activity. The funding would provide funds to operate school based health clinics at sites in FY2011 that received planning grants in FY2010.
(907,935)	(907,935)	(1)	Transfer of the Birth Outcomes Initiative from the Office of Public Health to the Office of the Secretary. DHH seeks to realign existing resources to better focus on improving birth outcomes.
(466,346)	(466,346)	0	Annualization of additional reductions to other charges contracts. This reduction was offered by OPH as part of the FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
(257,049)	(150,000)	0	Annualization of FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction. Professional services contracts and expenditures in Communicable Diseases, Maternal and Child Health, Family Planning and Pharmacy, Emergency Medical Services, and Immunization are being reduced or shifted into other means of finance.
(440,508)	0	0	Means of financing substitution to adjust the Louisiana Fund. In the Maternal and Child Health activity, funds are being transferred from State General Fund into the Louisiana Fund based on the adopted December 2009 projection of the Revenue Estimating Conference.
(1,621,000)	0	0	Means of financing substitution that is the result of projected annualized savings and efficiencies that have been identified in the Maternal and Child Health Activity per the Office of Public Health's mid year reductions.
(197,904)	(2,220,646)	0	Adjustment for related benefits in the Personal Health Services Program.
(117,888)	(622,273)	0	Non TO FTE adjustment for the Personal Health Services Program.
0	(5,000,000)	0	Non-recur of excess Federal budget authority based on an analysis of actual expenditures from FY07 through FY09.
0	(550,000)	0	Non-recur of IAT budget authority in the Community Preparedness activity due to the ending of federal Health Resources and Services Administration grants to DHH.
(17,720)	(17,720)	0	Non-Recurs HB881 Supplemental Funding from the 2009 Regular Legislative Session in the Maternal and Child Health activity.
0	(2,395,546)	0	Non-recur FY2010 supplemental Federal American Recovery and Reinvestment Act of 2009 (ARRA) funding that was received for the Immunization activity.
0	(1,504,546)	0	Reduction in Federal Funds received from the US Department of Health and Human Services for the Maternal and Child Health Block Grant in the Maternal and Child Health Activity.
(300,044)	(300,044)	0	Annualization of an adjustment in the Immunization activity that is part of OPH's mid year FY2010 reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction. OPH employees will receive fewer booster and immunization shots.
0	(30,000)	0	Decrease of Self Generated fees and revenues collected from WIC Vendors who have violated federal guidelines in the Maternal and Child Health activity.
(60,085)	(60,085)	(1)	Transfers a contract employee to the Office of the Secretary from the Administration and Technical Support Unit. This transfer is part of OPH's FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
(1,182,954)	(1,182,954)	0	Annualization of the reduction of State Supplemental Funds in the HIV Care Program in the Communicable Diseases Activity. This annualization is part of OPH's mid year FY2010 reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
0	(598,676)	0	Non-recur of Federal Grants that were not reduced as part of the initial budget submission. An analysis of the Communicable Disease activity's federal Grants revealed Tuberculosis Control Supplemental, HRSA, and CDC Grants that would be unavailable or expired in FY2011.



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
0	(2,360,557)	0	Decrease in Title 19 Medicaid Funds received in the Communicable Diseases activity.
(310,000)	(310,000)	0	Annualization of the reduction of Travel Costs and Student Labor. These reductions were part of DHH's FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
(300,573)	(300,573)	(2)	Annualization of the reduction of the STD Medical Director T.O. FTE from full time to part-time in the Communicable Diseases Activity. Elimination of 2 Operations and Support Services T.O. FTE positions and contracts in the Communicable Diseases Activity. These annualizations are part of DHH's FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
(309,414)	(309,414)	(4)	Transfer the Policy, Information and Promotion Unit to the Office of the Secretary. This transfer is part of OPH's FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction. Four T.O. FTEs are being transferred to the Office of the Secretary.
(1,404,269)	(1,404,269)	(26)	Annualization of the reduction of 26 T.O. FTEs in the Family Planning and Pharmacy activity. The annualization is part of OPH's mid year FY2010 reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
0	2,395,546	0	The budget submission for the Personal Health Services Program spread an incorrect amount of Federal Budget authority across all activities. This adjustment for the Immunization Activity corrects the error. It is based on an analysis of all Personal Health Services Program Federal Grants that will actually be received and assigned to the proper activities.
187,645	187,645	0	Continued funding for SBIRT activities in the Maternal and Child Health activity. SBIRT stands for screening, brief intervention, referral, and treatment for pregnant women. The program's goal is to reduce infant mortality and improve birth outcomes.
1,100,000	1,100,000	0	Continued funding for the Communicable Diseases activity to cover contracted services to operate the Louisiana Poison Control Center (LPCC), the Poison Control Hotline, and to maintain certification of the LPCC as a regional poison control center.
(516,000)	(516,000)	0	Non-recr one-time funding for Special Legislative Projects (SLP)
\$ 30,192,209	\$ 294,640,220	1,176	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 30,192,209	\$ 294,640,220	1,176	Base Executive Budget FY 2010-2011
\$ 30,192,209	\$ 294,640,220	1,176	Grand Total Recommended

Professional Services

Amount	Description
\$107,892	Management Consulting for team building, efficiency studies
\$45,602	Engineering & Architectural services
\$4,486,836	Medical & Dental Services for family plan, TB, Maternity/STD, Preventive, WIC, Ophthalmology, Urology, Pediatrician etc. with private and institutional contractors
\$5,441,727	Other professional services for Hospital Coordinator, Interpreters, Immunization, Injury Coordinator, Infant Monitoring Reduction Initiative Program, Nurse Family Partnership program etc.



Professional Services (Continued)

Amount	Description
\$10,082,057	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$19,708,395	Flow through contracts for AIDS Drug Assistance Program (ADAP) and the Commodity Supplemental Food Program
\$45,000	Provision of foreign language interpretation through language line services
\$139,100	EMS Examination and Oversight Services
\$193,442	Pathology consultation and H1N1 Laboratory Preparedness
\$345,069	Genetic Disease Screening, Lead Prevention Laboratory Services and Medical Laboratory Services
\$3,657,405	Maternal & Child Health services for primary care, counseling, referral and social services for pregnant adolescents and adults
\$98,961,616	WIC services for issuance of WIC food vouchers statewide, nutrition education, contracts for WIC financial assistance services and WIC outreach services
\$1,921,111	Children's Special Health Services statewide for provision of hearing, vision, dental and orthodontist services; Physician Services for high risk pediatric patients statewide
\$339,830	Family Planning Clinical Services; Sterilization Vouchers; Medicaid collections for Family Planning services; Family Planning Medical Director
\$7,761,143	Operation and Planning sites for School Based Health Centers
\$24,161	Tuberculosis Medical Services
\$318,297	Provide outreach and screening services for Syphilis Elimination efforts
\$30,000	Medicaid Billing for Immunization services statewide
\$397,452	Contract services for the upgrading of the Infectious Disease Reporting System (IDRS); provision of epidemiology training and mosquito abatement and testing services
\$11,765,670	HIV/AIDS education, outreach, and prevention services
\$417,490	Provide state level planning and services for the prevention of sexual assault
\$4,616,094	Statewide Homeland Security and Bioterrorism; Workforce Development services; H1N1 Influenza outbreak preparation and response
\$400,998	Medical and Clerical Operation of the Delgado Clinic for the treatment of Sexually Transmitted Diseases
\$151,042,273	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$322,622	Civil Service Fees
\$18,410	Treasurer's Office
\$37,361	Comprehensive Public Training Program (DOA)
\$71,103	Uniform Payroll System (UPS)
\$166,146	Legislative Auditor's Fees
\$3,092	Administrative Law Fees
\$165,781	Office of Computing Services
\$262,894	LSU Print Shop for printing of various educational documents, brochures, parish profiles, etc. for distribution to clients receiving health services and for sharing reports providing statistics and other pertinent health related data.
\$1,037,349	Risk Management Premium
\$79,624	Maintenance of state buildings
\$846,954	Rental of state owned buildings
\$2,734,926	Office of Telecommunications Management



Other Charges (Continued)

Amount	Description
\$1,359,722	Capital Area Human Services Authority
\$184,115	Metropolitan Human Services District
\$65,715	Office of Addictive Disorders
\$670,650	Jefferson Parish Human Services Authority
\$193,679	Office of Mental Health
\$188,629	Department of Agriculture
\$430,055	Bureau of Primary Care and Rural Health
\$14,781	University of Louisiana Monroe
\$45,495	Southern University Agriculture and Research Ext. Center
\$25,275	University of New Orleans
\$303	State Fire Marshall
\$990,833	DHH Office of the Secretary
\$19,500	Office of Aging and Adult Services
\$569,500	Department of Social Services
\$500,000	Department of Education
\$11,004,514	SUB-TOTAL INTERAGENCY TRANSFERS
\$162,046,787	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$250,000	Funding for the replacement and repairs of obsolete, inoperable, or damaged equipment
\$250,000	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

- (SUPPORTING) Through the EMS activity, to develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2013.**

State Outcome Goal Link: This objective is linked to Goal #7: Better Health. EMS advances the state goal of better health by developing an adequate qualified medical workforce. EMS is also responsible for the improvement and regulation of emergency medical services in the State; it is mandated to promulgate and enforce rules, regulations, and minimum standards for course approval, instruction, examination and certification; it is responsible for developing a state plan for the prompt and efficient delivery of emergency medical services.

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



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Percent increase of EMS workforce in Louisiana (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	9%	10%	8%
S	Number of EMS personnel newly certified (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	3,000	3,000	2,910
S	Number of EMS personnel re-certified (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	3,100	6,000	6,000
S	Total number of EMS workforce (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	19,495	21,495	20,850

2. (SUPPORTING)Through the Community Preparedness activity to build healthy, resilient communities and enhance Louisianas state and local public health agencies capacities to prepare for, detect, and respond to chemical and biological terrorism and other communicable disease threats.

State Outcome Goal Link: This objective is linked to Goal #4: Hurricane Recovery and Emergency Preparedness. OPH's, Center for Community Preparedness (CCP) serves as the catalyst that efficiently carries out the roles & responsibilities of the Emergency Support Function (ESF-8)according to the national disaster framework and state plan. ESF-8 is responsible for providing leadership for planning, directing & coordinating the overall State efforts to provide public health & medical services. Day-to-day operations are implemented by following CDC's outlined goals and objectives that should govern each stateís emergency preparedness programs.

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.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Obtain 69% or above score on the ability to receive and distribute federal and state assets (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	69%	79%	79%

3. (SUPPORTING) Each year through June 30, 2013, Personal Health Services, through Injury Surveillance and Prevention activity, will reduce the States health burden of injuries and violence by collecting and analyzing data, developing prevention strategies, implementing interventions, providing education, raising awareness, affecting public policy, and performing ongoing evaluation.

State Outcome Goal Link: This objective is linked to Goal #5 and #7: Public Safety and Better Health. The health burden and impact of injuries and sexual violence on the state system is enormous. Injury and violence surveillance and prevention are intrinsically part of the government's responsibility for the health and welfare of the population. Prevention activities contributes to health and public safety by allowing Louisianans to live and work in a place injury free and enable Louisianans to live a longer, productive and self-reliant life.

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.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Reduce injury mortality rate by 10% from 89.5 per 100,000 to 80.5 per 100,000 in 2010. (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	81%	81%



4. (KEY) Through the Maternal Child Health activity, to reduce infant & child mortality & incidence of preventable diseases by providing primary & preventive services to improve the health of pregnant women, infants, children, & adolescents. Assure comprehensive health care & sub-specialty health care for children with special health care needs each year through June 30, 2013.

State Outcome Goal Link: This objective is linked to Goal #7: Better Health. Maternal Child Health (MCH), is the only program in the state dedicated to promoting the physical & mental health, safety & well being of pregnant women, infants, children, & adolescents, including children with special health care needs. MCH Programs identify health problems by monitoring pregnancy, infant & child death & disease data in order to efficiently target resources to the leading causes of death, disease & disabilities.

Children's Budget Link: This objective is linked to Goal 1. To create a seamless system of care through the integration of services and resources. Goal 3. To achieve measurable improvements in the outcomes of all children in Louisiana.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by providing access and provision of primary and preventive health care services to women.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): This objective is linked to Goals and Objectives in Section I of the Department of Health and Hospitals Blueprint for Health for the expansion of primary health care.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Infant mortality rate (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	9	9
S	Child Death Rate among children age 14 and younger due to motor vehicle crashes per 100,000 children (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	26	26
K	Number of students with access to School Based Health Center services (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	58,000	58,000
K	Number of Nurse Family Partnership home visits (LAPAS CODE - 20139)	22,789	25,299	21,025	21,025	27,000	27,000
K	Percentage of children with special health care needs receiving care in a Medical Home (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	52%	52%



Personal Health Services General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Percent of infants born to mothers beginning prenatal care in the first trimester (LAPAS CODE - 13749)	86.50%	85.50%	87.20%	87.10%	86.90%
Number of home visits provided to at-risk pregnant women and children (LAPAS CODE - 20139)	19,537	17,019	16,480	18,977	21,025
The Infant Mortality Rate is the number of infant deaths in a given year divided by the number of live births in the same year. It is expressed per 1,000 live births. Infants are defined as less than one year of age. The Child Death Rate is the number of deaths to children aged 14 years and younger caused by motor vehicle crashes in a given year divided by the number of all children aged 14 years and younger. This includes all occupant, pedestrian, motorcycle, bicycle, etc. deaths caused by motor vehicles. Number of Nurse Family Partnership home visits is derived from monthly reports submitted by each site.					
Number of Adolescent School-Based Health Centers (LAPAS CODE - 2368)	54	49	52	62	60
Average cost per visit to Adolescent School-Based Health Centers (LAPAS CODE - 10053)	\$ 50.00	\$ 55.00	\$ 59.00	\$ 60.00	\$ 61.00
The number of Adolescent School-Based Health Centers (SBHC) is a direct count of centers in operation. The average cost per visit to Adolescent School-Based Health Centers is derived by taking the total OPH expenditures in SBHC contracts and ASHI staff (excluding OPH allocated costs) and dividing that number by total number of visits to the centers.					
Number of patient visits in Adolescent School-Based Health Centers (LAPAS CODE - 13744)	134,339	116,205	120,303	134,810	141,930

5. (KEY) Through the immunization activity, to control or eliminate vaccine preventable diseases by providing vaccine to susceptible persons.

State Outcome Goal Link: This objective is linked to Goals #6 and #7: Better Health, Safe and Thriving Children & Families . Vaccines prevent serious illness and saves lives. Immunized children grow to be healthy and productive members of LA, protected against vaccine prevented diseases (VPD) and death. Immunized LA adults are able to lead healthier lives, protected against VPD and death. Due to the importance of childhood vaccinations, immunization coverage of children is a major bench mark of the health of our children. Louisiana benefits because of the reduced disease burden.

Children's Budget Link: Maternal and Child Health activities are linked via the Childrens Cabinet and funded under the Childrens Budget. Goal 1. To create a seamless system of care through the integration of services and resources. Goal 3. To achieve measurable improvements in the outcomes of all children in Louisiana.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by providing access to and provision of primary and preventive health care services to women, infants, children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): This objective is linked to Goals and Objectives in Section I of the Department of Health and Hospitals Blueprint for Health for the expansion of primary health care.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of children 19 to 35 months of age up to date for 4 DTP, 3 Polio, 3 Hib, 3 HBV, 1 MMR and 1 VAR (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	82%	95%	95%
K	Percentage of kindergartners up to date with 4 DTP, 3 Polio, 2 MMR, 2 VAR, and 3 HBV (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	94%	95%	95%
K	Percentage of sixth graders, 11-12 years of age, up to date with 1 Meningitis, 1 Tdap, 2 VAR, 2 HBV, 2 MMR (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	90%	90%

6. (KEY) Through the Nutrition Services activity, to provide supplemental foods and nutritious commodities to low income women, infants and children while serving as an adjunct to health care during critical times of growth and development preventing health problems and improving health status to supplement the diets of low income Senior Citizens each year through June 30, 2013.

State Outcome Goal Link: This objective is linked to Goals #6 and #7: Better Health and Safe and Thriving Children & Families. The WIC Program represents a gateway to other health services through needs assessment and referral to appropriate services and through the provision of supplemental nutrition food, health education and medical nutrition therapy, nutritional risk conditions of low income women, infants, children, and senior citizens (CSFP) are reduced, during critical times of growth and development.

The Commodity Supplemental Food Program (CSFP) promotes health through nutrition education regarding healthy food choices as well as the provision of nutritious commodities as a supplement to the diets low-income senior citizens aged sixty and above helping to prevent the ravages of clinical malnutrition and to supplement the nutritional needs of low income pregnant and postpartal women, and children to the age of six during critical periods of growth.

The goals of coordinating partnerships to participate in the Louisiana Obesity Council include: promote healthy eating and physical activities, leverage resources, ensure policy integration with Health People 2010 goals and coordinate statewide efforts with public and private sector organizations to address childhood and adult obesity.



Children's Budget Link: Nutrition services activities are linked via the Childrens Cabinet and funded under the Childrens Budget. Goal 1. To create a seamless system of care through the integration of services and resources. Goal 3. To achieve measurable improvements in the outcomes of all children in Louisiana.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by providing access to and provision of primary and preventive health care services to women, infants, children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): This objective is linked to Goals and Objectives in Section I of the DHH Blueprint for Health for the expansion of primary health care.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of monthly WIC participants (LAPAS CODE - 2384)	144,743	146,991	149,317	154,403	156,435	157,954
S	Number of monthly Commodity Supplemental Food Program participants served (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	65,000	75,000
S	Number of collaborative initiatives addressing Obesity (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	12	12

Personal Health Services General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Percentage of WIC eligible clients served (LAPAS CODE - 10857)	62.86%	55.19%	54.95%	60.18%	63.91%
Number of WIC vendor fraud investigations (LAPAS CODE - 10858)	108.00	108.00	41.00	48.00	46.00
The number of WIC vendor fraud investigations in FY06 was less than in FY05 due to severity of Hurricane Katrina which impacted office operations and caused the loss of vendor staff that have yet to be replaced. OPH has encountered difficulty in recruiting candidates to fill a vacant fraud investigator position that has been historically complex to fill.					



7. (KEY) Through the Communicable Diseases activity, to prevent the spread of Communicable Diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2013.

State Outcome Goal Link: This objective is linked to Goal #7: Better Health. Improving the health of the population by decreasing the proportion of individuals exposed to communicable diseases; and providing prevention, education, health promotion, surveillance, case management, and treatment, reduction in morbidity and mortality is eminent. Prevention is an activity utilized by the OPH Program staff to manage individuals exposed to or infected with communicable diseases. Diagnostic and treatment services are provided by this agency through regional clinics and parish health units (PHUs) regardless of the ability to pay.

Children's Budget Link: Maternal and Child Health activities are linked via the Childrens Cabinet and funded under the Childrenís Budget. Goal 1. To create a seamless system of care through the integration of services and resources. Goal 3. To achieve measurable improvements in the outcomes of all children in Louisiana.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by providing access to and provision of primary and preventive health care services to women, infants, children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): This objective is linked to Goals and Objectives in Section I of the DHH Blueprint for Health for the expansion of primary health care.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of TB infected contacts who complete treatment (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	77%	77%



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of women in STD clinics with positive chaly mida tests who are treated within 14 days from the specimen collection (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	46%	46%
K	Percentage of persons newly enrolled in Louisiana ADAP who will have at least one undetectable viral load (i.e. <400 copies) within 12 months of enrollment (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	75%	75%
S	Percentage of partners who test HIV positive who will be connected to appropriate medical care within 12 months of diagnosis (HIV Partner Services) (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	85%	85%
S	Percentage of persons contacted through outreach who receive a referral who will be successfully connected to follow-up HIV prevention and care services (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	75%	75%

Personal Health Services General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of clients HIV tested and counseled at public counseling and testing sites (LAPAS CODE - 2325)	65,979	40,174	53,969	60,115	81,968
Number of HIV infected individuals provided medications through the AIDS Drug Assistance Program (LAPAS CODE - 17061)	3,363	3,449	2,963	3,105	3,401
The number of clients HIV tested and counseled is a direct count of the number of persons tested. This information is obtained from laboratory slips of persons tested for HIV infection by the OPH State Laboratory.					
Number of clients found to be HIV positive (LAPAS CODE - 11143)	707	375	583	593	768
Number of AIDS cases reported (LAPAS CODE - 11144)	802	587	608	719	833



Personal Health Services General Performance Information (Continued)

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of syphilis clients provided services and treatment (LAPAS CODE - 11082)	325	246	453	569	814
Number of gonorrhea clients provided services and treatment (LAPAS CODE - 2358)	8,666	8,168	8,066	6,988	6,289
Number of chlamydia clients provided services and treatment (LAPAS CODE - 2360)	13,961	13,186	13,297	11,830	11,785
<p>1. The number of syphilis clients provided services and treatment is derived by dividing the number of cases provided partner services and treatment by the number of reported syphilis cases. To capture these data, the STD database is queried for syphilis morbidity for persons reported as having the disease, clients treated, and clients located. The number of gonorrhea clients provided services is derived through a direct count of gonorrhea morbidity reports for clients tested with positive results from public sources. To capture these data, the STD database is queried for gonorrhea morbidity that was reported through public sources. This number shows the actual count of clients tested with positive results from public sites. The number of Chlamydia clients provided services is derived through a direct count of Chlamydia morbidity reports for clients tested by a public sources. To capture these data, the STD database is queried for Chlamydia morbidity that was reported through public sources. This number shows the actual count of clients tested with positive results from public sites.</p> <p>2. During the 2009-2010 fiscal year, the STD Control Program will implement an improved electronic reporting system to receive more timely disease report. The program anticipates an increase in the number of reported STD reports due to an increase in providers offering STD test.</p>					

8. (KEY) Through the Family Planning/Pharmacy activity, to assist individuals in determining the number and spacing of their children, through the provision of education, counseling, and medical services each year through June 30, 2013.

State Outcome Goal Link: This objective is linked to Goal #7: Better Health. Family Planning provides reproductive health services, promotes health seeking behavior and disease prevention, and enhances community access to services. Patients are provided contraceptives and lab services, health screenings and testing needed to prevent sickness and disease, and empowerment about family planning services so make healthy decisions.

Children's Budget Link: Maternal and Child Health activities are linked via the Childrens Cabinet and funded under the Childrens Budget. Goal 1. To create a seamless system of care through the integration of services and resources. Goal 3. To achieve measurable improvements in the outcomes of all children in Louisiana.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by providing access to and provision of primary and preventive health to women, infants, and children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): This objective is linked to Goals and Objectives in Section I of the DHH Blueprint for Health for the expansion of primary health care.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of clients returning for follow up Family Planning visits (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	54%	47%
K	Number of Women In Need of family planning services served (LAPAS CODE - 2395)	52,593	62,571	61,905	61,905	65,000	62,500
S	Average cost of providing family planning services (per person) (LAPAS CODE - 11168)	\$ 177.00	\$ 177.00	\$ 165.00	\$ 165.00	\$ 158.00	\$ 167.00

9. (KEY) Through the Laboratory activity, to assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials each year through June 30, 2013.

State Outcome Goal Link: This objective is linked to Goal #7: Better Health. The OPH Laboratory responds to emergencies including situations such as chemical spills, disease outbreaks, natural disasters and chemical or biological terrorism threats. In these instances the OPH Laboratory remains functioning throughout the emergency and is a component of the overall emergency response. Laboratory Services provides environmental testing to monitor the levels of pollutants and contaminants in water, food, drugs, and environmental materials. OPH Laboratory Services provides clinical and environmental testing services to monitor microbial contamination of food, milk, potable (drinking) water, seafood harvesting waters, and recreational waters. The microbiology section also serves as a reference laboratory for the 90 public and private microbiology laboratories located throughout the state.

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): This objective is linked to Goals and Objectives in Section I of the DHH Blueprint for Health for the expansion of primary health care.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of lab tests/ specimens tested (LAPAS CODE - 17387)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	300,000	300,000
<p>The number of lab tests/specimens tested is the actual number of specimens collected by Law Enforcement Officials (LSP) and delivered and tested by the State Public Health Lab. This standard does not have a performance standard because it was previously collected as a general indicator.</p>							
S	Percentage of bioterrorism lab tests completed within 72 hours (LAPAS CODE - 15423)	100%	100%	100%	100%	100%	100%
<p>The percentage of bioterrorism lab tests completed within 72 hours is the actual number of specimens collected by Law Enforcement Officials (LSP) and delivered to the State Public Health Lab for confirmatory testing. This includes all confirmatory testing completed within 72 hours of receipt.</p>							



326_3000 — Environmental Health Services

Program Authorization: R.S. 40:1, et seq., R.S. 4- 6, R.S. 8- 9 et seq., 1141-48,2701-19, 2817 et. Seq; Commercial Body Art Regulation Act (Act 393 of 1999) R.S. 40:2831 - 40:2834.

Program Description

The mission of the Environmental Health Services Program is to monitor and provide for environmental health assessments, inspections, and enforcement of sanitary code regulations; to investigate, correct, and reduce health hazards, diseases, and conditions in the community caused by unsafe environmental conditions. It is also the mission of this program to provide on-site evaluation of all qualified labs for the purpose of certification under state and federal regulations in the specialties of water, milk and dairy products and/or seafood testing.

The goal of the Environmental Health Services Program is to promote a reduction in communicable/infectious disease through the promulgation, implementation and enforcement of the State Sanitary Code.

The Environmental Health Services Program includes the following activities: Sanitarian Services, Public Health Engineering, and Environmental Epidemiology and Toxicology.

- The Sanitarian Services activity consists of several programs: the Food and Drug Control Unit, Seafood Sanitation, Infectious Waste, Onsite Wastewater Program, Retail Food Program, Molluscan Shellfish, Milk and Dairy, and Building and Premises. The Food and Drug Control Unit protects the health of consumers by assuring that foods, drugs, cosmetics, and prophylactics manufactured, processed, packed, or sold in Louisiana are pure, safe, wholesome, perform as labeled or advertised, and are not likely to cause illness, injury, or death. The Commercial Body Art Program ensures the inspection of all facilities and equipment used in tattooing, body piercing, and permanent cosmetic application. Tanning facilities are inspected and issued operating permits to facilities and for equipment that exposes human skin to ultraviolet radiation.
 - Seafood Sanitation houses the Commercial Seafood program that issues permits and inspects all commercial seafood processors and distributors in the state and monitors the wholesomeness of imported seafood products. The program also has a Federal contract with the U.S. FDA to inspect seafood processing plants.
 - Infectious Waste prevents the spread of infectious diseases by regulating the packaging, transportation, and treatment of infectious biomedical waste by commercial individual transportation, storage, treatment, and health care facilities.
 - The Onsite Wastewater Program is responsible for the protection of public health through the education of homeowners who are required to install individual onsite wastewater systems; the training and licensure of individual wastewater system installers; the licensure of sewage haulers; the training of sanitarians; inspections of new and existing onsite wastewater systems; the monitoring of an ongoing perpetual maintenance program throughout the state.
 - The Retail Food Program prevents and minimizes food-borne disease outbreaks through consulting, monitoring, issuance of permits and regulation of food establishments and the standardization of licensed sanitarians. The program oversees the Food Safety Certification Program which consults with industry, monitors and administers the Food Safety Certification Program. This is accomplished by random checks of food service establishments for compliance with the food safety certification rule in the Louisiana Administrative Code, Title 51, issuing of food safety certificates, collection of fees, approval and monitoring of training programs, food safety courses and exams.



- Molluscan Shellfish reduces food borne illnesses from Molluscan Shellfish by assuring producers' compliance to guidelines set by the National Shellfish Sanitation Program.
- Milk and Dairy monitors milk production and assures compliance of milk plants and dairy farms to FDA regulations, thereby assuring sanitation and minimizing the risk of milk/dairy-borne illnesses.
- Building and Premises Inspections assures safe and sanitary conditions for clients, residents, employees, and visitors of day care centers, residential facilities, schools, and public buildings. The program also investigates, identifies, and abates causes of childhood lead poisoning. Another aspect of lead poisoning prevention includes the Lead Poisoning Prevention initiatives with Personal Health Services that addresses the unacceptable number of children with elevated blood levels.
- The Public Health Engineering activity consists of three programs: Safe Drinking Water, Community Sewerage, and Operator Certification. Safe Drinking Water prevents the spread of water-borne illnesses and assures the availability of safe drinking water by: testing and monitoring water quality; providing technical assistance for the design, construction, and operation of public water supplies; training operators of water supply systems.
 - Community Sewerage prevents the spread of wastewater-borne diseases, and assures the sanitation of drinking and recreational waters by permitting, monitoring, and regulating sewerage treatment and disposal of community (>25 people served) sewerage systems. The aforementioned activities are conducted for non-community (<25 people served) sewerage systems. With regard to private sewerage systems, again the same activities for Community Sewerage are conducted along with the issuance of permits for private sewerage systems, and by monitoring and regulating their design, construction, and operation.
 - Operator Certification assures the quality of water and wastewater systems by training, educating, and licensing their operators.
- Since 1980, the Section of Environmental Epidemiology and Toxicology (SEET) has addressed morbidity and mortality associated with environmental chemicals. In recent years, there has been an increase in public awareness of the immediate and long-term health effects related to chemicals in the environment and, as a result, a greater demand for SEET to investigate these effects. SEET responds to these requests by identifying chemicals in the environment which are likely to cause adverse health effects, evaluating the extent of human exposure to these chemicals and the adverse health effects caused by them, making recommendations for the prevention and reduction of exposure to hazardous chemicals, and promoting a better public understanding of the health effects of chemicals in the environment. Components of the SEET Program include pesticide surveillance, fish tissue data reviews, public health assessments, disease cluster investigations, indoor air quality consultations, hazard materials and emergency response planning, and GIS activities.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$585,472	\$1,001,742	15	Environmental Epidemiology and Toxicology Activity - This activity seeks to identify toxic chemicals in the environment, evaluate the extent of human exposure, and make recommendations to reduce that exposure.
\$12,088,175	\$23,460,563	325	Sanitarian Services Activity - This activity reviews, inspects, samples, and enforces rules relating to food, drinking water, sewage, and various food and health facilities.



Summary of Activities (Continued)

General Fund	Total Amount	Table of Organization	Description
\$245,789	\$1,467,690	15	Public Health Engineering Activity - This activity oversees the enforcement of the Safe Drinking Water Act and reviews permits for pools, campgrounds, water parks, public buildings, water and sewage pipelines, and treatment systems.
		6	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$12,919,436	\$25,929,995	361	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Environmental Health Services Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 17,514,771	\$ 15,244,034	\$ 15,244,034	\$ 16,003,999	\$ 12,919,436	\$ (2,324,598)
State General Fund by:						
Total Interagency Transfers	116,752	174,016	174,016	102,900	101,808	(72,208)
Fees and Self-generated Revenues	9,620,152	10,667,517	10,667,517	11,214,831	10,291,135	(376,382)
Statutory Dedications	95,950	95,950	95,950	95,950	95,950	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	3,380,044	4,231,950	4,231,950	4,346,145	2,521,666	(1,710,284)
Total Means of Financing	\$ 30,727,669	\$ 30,413,467	\$ 30,413,467	\$ 31,763,825	\$ 25,929,995	\$ (4,483,472)
Expenditures & Request:						
Personal Services	\$ 25,787,092	\$ 26,091,882	\$ 26,091,882	\$ 27,535,580	\$ 22,721,675	\$ (3,370,207)
Total Operating Expenses	1,753,184	1,266,599	1,266,599	1,284,387	1,273,052	6,453
Total Professional Services	288,846	221,678	221,678	229,078	148,790	(72,888)
Total Other Charges	2,414,107	2,770,812	2,770,812	2,652,284	1,656,482	(1,114,330)
Total Acq & Major Repairs	484,440	62,496	62,496	62,496	129,996	67,500
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 30,727,669	\$ 30,413,467	\$ 30,413,467	\$ 31,763,825	\$ 25,929,995	\$ (4,483,472)
Authorized Full-Time Equivalents:						
Classified	376	372	372	372	354	(18)
Unclassified	1	1	1	1	1	0
Total FTEs	377	373	373	373	355	(18)



Source of Funding

This program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, Statutory Dedications and Federal Funds. Interagency Transfers consist of funds from the Office of Management and Finance for laboratory tests performed on surface waters; the Department of Transportation and Development for the testing of water systems at various rest areas; the Department of Culture, Recreation, and Tourism for testing of water systems in state parks; and funds from the Department of Agriculture and Forestry to study health related pesticide incidents. Fees and Self-generated Revenues are derived as follows: Inspections of Commercial Seafood Outlets, Food and Drug Product monitoring, Milk and Dairy Inspections, Public Water System Operator Certifications, Retail Food Outlet Inspections, Sewerage Permits, Oysters Harvesters' Licenses, Infectious Waste Haulers' Licenses, and Private Water Well Inspections. A portion of local funds generated by parish mileage or contributions for parish health units is also utilized in the program. Federal funds include a cooperative agreement with the federal government for certain food and product inspections; a grant from the Environmental Protection Agency (EPA) for beach monitoring; a Department of Health and Human Services (DHHS) grant for environmental epidemiology and toxicology; a DHHS grant for hazardous substances; and a Centers for Disease Control and Prevention grant for lead toxicity. Statutory Dedications are from the Oyster Sanitation Fund (R.S. 40:5.10). (Per R.S. 39:36B. (8), see table below for a listing of expenditures out of each Statutory Dedication Fund.)

Environmental Health Services Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Oyster Sanitation Fund	95,950	95,950	95,950	95,950	95,950	0

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 15,244,034	\$ 30,413,467	373	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
5,036	8,883	0	Civil Service Training Series
363,275	677,329	0	State Employee Retirement Rate Adjustment
27,817	52,800	0	Salary Base Adjustment
(633,858)	(1,180,967)	0	Attrition Adjustment
(62,496)	(62,496)	0	Non-Recurring Acquisitions & Major Repairs
119,212	102,078	0	Rent in State-Owned Buildings
299	745	0	Maintenance in State-Owned Buildings
Non-Statewide Major Financial Changes:			
(437,106)	(437,106)	(6)	Annualization of the reduction of vacant T.O. FTE positions. This annualization is part of DHH's FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
(133,043)	(1,856,719)	(11)	At the recommendation of the Commission on Streamlining Government, the Safe Drinking Water Revolving Loan Program is being transferred to the Department of Environmental Quality from the Office of Public Health. 11 T.O. FTEs will be sent from OPH to DEQ.
(165,450)	(165,450)	0	Annualization of the FY2010 transfer of water sampling activities to private contractors. OPH will monitor the activities to insure that the sampling is performed within Federal guideline. This transfer is part of OPH's FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
(162,991)	0	0	Means of finance substitution annualizing FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction. OPH is reducing state general fund by transferring expenditures for various contracted services into other means of finance such as fees and self generated funds from wastewater system permit reviews and a federal Environmental Protection Agency Beach Monitoring Grant.
(318,280)	(586,578)	0	Adjustment for Related Benefits for Environmental Health Services.
(4,710)	(7,686)	0	Non TO FTE Adjustments for Environmental Health Services.
(593,248)	(593,248)	0	Adjustment for Group Benefits in Environmental Health Services.
0	(106,002)	0	Non-recr of Department of Environmental Quality and Department of Education Inter Agency Transfer funds for FY2011 in the Environmental Epidemiology and Toxicology and Sanitarian Services Activities.
(275,432)	(275,432)	0	Annualization of the FY2010 reassignment of 4 employees to Federally funded programs. This annualization is part of OPH's FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
(53,623)	(53,623)	(1)	Annualization of the reduction of the Environmental Health Services Coordinator T.O. FTE in Environmental Epidemiology and Toxicology. This annualization is part of OPH's FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
\$ 12,919,436	\$ 25,929,995	355	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 12,919,436	\$ 25,929,995	355	Base Executive Budget FY 2010-2011
\$ 12,919,436	\$ 25,929,995	355	Grand Total Recommended

Professional Services

Amount	Description
\$50,550	Engineering & Architectural services for area wide optimization program, streamline accounting and project management
\$21,992	Legal services for public water system loans
\$76,248	Other professional services for Plumbing variance and appeals, Training, Facility Inspections, Coordination of pesticide-related health complaint Investigation Services etc.
\$148,790	TOTAL PROFESSIONAL SERVICES



Other Charges

Amount	Description
Other Charges:	
\$122,230	Molluscan Shellfish program technical support; Oyster Water analysis, beach monitoring, GIS mapping and field surveys, beach monitoring programs at Fountainbleau State Park, Grand Isle State Park and Grand Isle Beach
\$151,347	Provide on-site technical assistance to public water personnel to assist them in achieving capacity development in accordance with federal requirements under the Safe Drinking Water Act
\$398,510	Drafting, Geographical Information Systems plans for water systems; Operator Certification reimbursement statewide
\$672,087	SUB-TOTAL OTHER CHARGES
Interagency Transfers:	
\$30,330	Legislative Auditor Fees
\$35,592	LSU Print Shop for print revisions to the State Sanitary Code; brochures for the Safe Drinking Water Program; Permit Unit forms; Oyster Vessel Inspection Sheets; printing of Commercial Body Art and Tanning Permits
\$322,454	Risk Management Premiums
\$119,740	Rental of state owned buildings
\$88,260	Office of Telecommunications Management
\$166,896	Administer a contract with contractors to access wells damaged by hurricanes as well as study and evaluate Louisiana's ground water and surface water resources
\$4,044	Prison Enterprises manufacture of beach advisory signs
\$217,079	DOA Forms Management for printing of various program forms within Environmental Health Services
\$984,395	SUB-TOTAL INTERAGENCY TRANSFERS
\$1,656,482	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$129,996	Funding for replacement and repairs of obsolete, inoperable, or damaged equipment.
\$129,996	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

- (SUPPORTING)Through the Environmental Epidemiology and Toxicology activity, to identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote a better public understanding of the health effects of chemicals in the environment each year through June 30, 2013.**

State Outcome Goal Link: This objective is linked to Goal #7: Better Health. Environmental Epidemiology and Toxicology advances the outcome goal of this goal by mitigating environmental risks which is important to the long term health and well-being of Louisiana's citizens. Its activities advance the goal by providing public health assessments, health consultations, technical assistance, and other services that aid the public and officials in making appropriate public health decisions.

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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Number of indoor air quality phone consults (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	775	775
The number of Indoor Air Quality phone consults that result in public health information is a direct count of the Louisiana residents that call the Indoor Air Quality hotline.							
S	Number of water bodies assessed (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	100	100
S	Number of health consults and technical assists (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	24	24
Health consults and technical assists are assessment tools for evaluating individual exposures or hazardous waste site-related exposures. Reports include recommendations for reducing exposure.							
S	Number of emergency reports screened (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	10,000	10,000
This number is derived from the total number of emergency reports received and screened from the Louisiana State Police, the National Response Center, the Poison Control Center, and other sources, and require some follow up action.							

Environmental Health Services General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of fishing/swimming advisories (LAPAS CODE - 11527)	46	50	50	50	57
Percentage of OPH risk analysis completed in areas under consideration for fish advisories (LAPAS CODE - 11529)	100%	100%	100%	100%	100%
The number of fishing/swimming advisories is an incremental calculation and is based on the total number of fish advisories issued to date.					
Number of environmental exposure investigations (LAPAS CODE - 13747)	4,482	4,442	2,025	2,899	3,432



2. (KEY) Through the Sanitation Services activity, to protect public health through preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2013.

State Outcome Goal Link: This objective is linked to Goals #7, #1, #2 and #4: Better Health, Youth Education, Diversified Economic Growth, and Hurricane Protection & Emergency Preparedness. Educating and empowering citizens regarding their health; creating a solid infrastructure attractive to businesses and thriving families; providing protection and confidence in the water they use to bathe, drink, cook or wash in daily, the milk they drink, the food they eat, and the safe sewage disposal when they flush the toilet; and enabling communities and families to return to their homes and businesses after emergency events.

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

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Yearly mortality count attributed to unsafe water, food, and sewage (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	3	3
K	Percentage of permitted facilities in compliance quarterly due to inspections (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	90%	90%
Permitted facilities consist of those in the following programs: Commercial Seafood, Food and Drug Unit, Buildings and Premises, Retail Food and Milk and Dairy. Percentage is determined by the number of reinspections divided by the number of inspections performed per quarter.							
S	Percentage of required samples in compliance (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	90%	90%
S	Percentage of sewerage systems properly installed (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	90%	90%
S	Number of plans reviewed (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	18,500	18,500
Number of plans reviewed is determined by the number of plans reviewed in the following programs: Commercial Seafood, Food and Drug, Onsite Wastewater, Buildings and Premises, Retail Food and Milk and Dairy.							



Environmental Health Services General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of samples taken (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	47,500
Percentage of required samples in compliance (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	95%
Number of new sewage systems installed (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	15,000
Number of existing sewage systems inspections (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	19,000
Number of sewage system applications taken (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	20,000
Number of food, water, sewage-borne illnesses reported (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	4
Percentage of establishments/facilities in compliance (LAPAS CODE - 11886)	98%	87%	99%	99%	95%
Percentage of permitted establishments/facilities in compliance is determined by the number of reinspections divided by the number of inspections performed per quarter.					
Number of inspections of permitted establishments/facilities (LAPAS CODE - 13746)	4,734	4,196	4,838	4,808	138,000
Number of inspected of permitted establishment/facilities is determined by a total of inspections conducted in the following programs: Molluscan Shellfish, Commercial Seafood, Food and Drug, Buildings and Premises, Retail Food and Milk and Dairy.					
Percentage of establishments inspected 4 times/year (LAPAS CODE - 11888)	51%	43%	68%	71%	72%
Percentage of warehouses inspected 2 times/year (LAPAS CODE - 11889)	70%	62%	74%	78%	79%
Percentage of tanning facilities inspected 1 time/year (LAPAS CODE - 17055)	94%	81%	84%	82%	83%
Percentage of commercial body art facilities inspected 1 time/year (LAPAS CODE - 20189)	78%	74%	68%	65%	89%
Number of inspections of permitted retail food establishments (LAPAS CODE - 2485)	87,548	63,317	66,514	63,270	61,420
Number of food borne disease investigations due to illness (LAPAS CODE - 11211)	7	1	1	2	6
Data for the number of food borne disease investigations due to illness are obtained from the Sanitarian Activity Management System (SAMS). Sanitarians apply specific codes for certain procedures when populating SAMS. When the database is queried for data such as this indicator, a total is given.					
Number of re-inspections of retail food establishments (LAPAS CODE - 11212)	10,706	5,236	6,097	6,193	5,838
Number of permitted retail food establishments (LAPAS CODE - 11213)	35,269	28,172	27,318	26,188	26,920
Food related complaints received from the public (LAPAS CODE - 11215)	1,946	1,492	1,787	1,736	1,830



3. (KEY) Through the Public Health Engineering activity, to provide a regulatory framework which will assure that the public is not exposed to contaminated drinking water, or to raw sewage contact or inhalation, which can cause mass illness or deaths each year through June 30, 2013.

State Outcome Goal Link: This objective is linked to Goal #7: Better Health. Drinking water is necessary to sustain human life. There are no demographic boundaries, every human needs safe drinking water for survival. Every person bathes in, drinks, cooks, or washes with water daily. Every person generates wastewater. Protection of the drinking water and from sewage contamination is imperative to prevent mass illnesses and deaths.

Children's Budget Link: This objective is linked to the Health Objective: 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

Performance Indicators

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of hospitalizations and/or deaths from contaminated water supplies (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	0	0
S	Number of hospitalizations and/or deaths from exposure to sewage or sewage gas (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	0	0
S	Number of hospitalizations and/or deaths attributed to swimming pool defects (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	0	0
S	Percent of operators maintaining certification (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	60%	60%
S	Percentage of water systems returning to compliance following enforcement activities (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	100%	100%



Environmental Health Services General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Percentage of public water systems meeting bacteriological maximum contaminant level (MCL) compliance (LAPAS CODE - 2497)	98%	99%	99%	99%	99%
Percentage of public water systems monitored for bacteriological MCL compliance (LAPAS CODE - 2495)	100%	100%	100%	100%	100%
<p>Maximum Contaminant Level is the maximum level of a contaminant in drinking water at which no known or anticipated adverse effect on the health effect of persons would occur, and which allows for an adequate margin of safety. Data received are a direct count of (reports/inspections/surveys) obtained through monthly activity reports conducted by field staff at parish level then submitted to OPH district offices for a final submission/count at EHS (Environmental Health Services) Central Office (Safe Drinking Water Program).</p>					
Number of Louisiana public water systems inspections/surveys (LAPAS CODE - 11222)	623	541	473	492	534
Number of public water systems in Louisiana (LAPAS CODE - 11225)	1,592	1,520	1,519	1,501	1,449



09-330 — Office of Mental Health (State Office)



Agency Description

The Office of Mental Health will advance a resiliency, recovery and consumer focused system of person centered care utilizing best practices that are effective and efficient as supported by the data from measuring outcomes, quality and accountability.

The goals of the Office of Mental Health are:

- I. Consolidation of OMH and OAD into the Office of Behavioral Health
- II. Expanding access to services for children and youth
- III. Increasing the number of evidence-based practices with empirically derived fidelity measures
- IV. Enhance workforce clinical competencies
- V. Increasing accountability for the services and care provided to the people of Louisiana

The Office of Mental Health is responsible for the statewide management and operational support of a comprehensive array of mental health services and delivers an integrated system of community inpatient hospital programs; some are directly operated by the state and others are contracted with service providers. This integrated system of care includes mental health services, rehabilitation, education, employment, social, and other support services. The system assures interagency collaboration appropriate for adults, adolescents and children and the multiple needs of those who have serious mental and emotional disorders.

The system of services encompasses all 64 Louisiana parishes and is organized into three geographic service areas: Area A (South Louisiana); Area B (Central Louisiana); and Area C (North Louisiana).

It includes 43 community mental health centers, seven psychiatric acute inpatient units, 16 satellite clinics, four intermediate/long-term inpatient care state psychiatric hospitals (including one forensic facility), as well as contracted services, such as mobile crisis services, case management, and other services provided through private and non-profit agencies. The Office maintains memorandum of agreements with Jefferson Parish Human Services Authority (see 09-300), Florida Parishes Human Services Authority (see 09-301), the Capital Area Human Services District (see 09-302), the Metropolitan Human Services District (see 09-304), and the South Central Louisiana Human Services Authority (see 09-309) for mental health services within their respective parishes. All services are integrated within a statewide system of care.

The Office of Mental Health has five programs: Administration and Support, Community Mental Health, Area A, Area B, Area C, and the Auxiliary program.

Office of Mental Health (State Office) Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 174,211,626	\$ 87,111,388	\$ 87,111,388	\$ 203,837,177	\$ 183,771,189	\$ 96,659,801
State General Fund by:						
Total Interagency Transfers	128,755,987	200,660,119	200,660,119	70,724,726	86,536,542	(114,123,577)
Fees and Self-generated Revenues	5,186,964	4,229,891	4,229,891	4,229,891	4,229,891	0
Statutory Dedications	140,000	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	18,052,710	23,335,993	23,565,755	10,322,394	10,322,394	(13,243,361)
Total Means of Financing	\$ 326,347,287	\$ 315,337,391	\$ 315,567,153	\$ 289,114,188	\$ 284,860,016	\$ (30,707,137)
Expenditures & Request:						
Administration and Support	\$ 5,325,123	\$ 7,033,481	\$ 7,033,481	\$ 7,345,831	\$ 7,093,689	\$ 60,208
Community Mental Health	45,173,422	39,214,863	39,214,863	26,139,097	29,174,291	(10,040,572)
Mental Health Area A	77,221,632	69,194,461	69,332,464	62,742,998	66,683,443	(2,649,021)
Mental Health Area B	135,983,397	135,380,508	135,472,267	134,712,889	123,527,631	(11,944,636)
Mental Health Area C	62,643,713	64,429,078	64,429,078	58,088,373	58,295,962	(6,133,116)
Auxiliary Account	0	85,000	85,000	85,000	85,000	0
Total Expenditures & Request	\$ 326,347,287	\$ 315,337,391	\$ 315,567,153	\$ 289,114,188	\$ 284,860,016	\$ (30,707,137)
Authorized Full-Time Equivalents:						
Classified	3,044	2,873	2,873	2,029	2,367	(506)
Unclassified	82	87	87	65	87	0
Total FTEs	3,126	2,960	2,960	2,094	2,454	(506)



330_1000 — Administration and Support

Program Authorization: R.S. 36:258 C; R.S. 28:1-723

Program Description

The mission of the Administration and Support Program is to provide overall program direction, planning, development, monitoring, evaluation, quality improvement, and fiscal and human resources management to accomplish the essential goals of the statewide service system, integrated across the state.

The goal of the Administration and Support Program is to achieve a cost-effective, cost-efficient system of services for all targeted persons in need of mental health services statewide while maintaining the best possible quality of care.

The Administration and Support Program consists of administrative services, fiscal management, workforce development, the support activities of human resources, information technology, clinical operations, policy/planning and quality management.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$6,914,989	\$7,093,689	34	Administration - Improve consumer health and behavioral health outcomes by implementing technological innovations to improve service access, quality and performance accountability.
		0	NON T.O. FTE Ceiling Recommended for FY 2010-2011
\$6,914,989	\$7,093,689	34	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Administration and Support Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 5,207,760	\$ 6,854,781	\$ 6,854,781	\$ 7,167,131	\$ 6,914,989	\$ 60,208
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	117,363	178,700	178,700	178,700	178,700	0



Administration and Support Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Means of Financing	\$ 5,325,123	\$ 7,033,481	\$ 7,033,481	\$ 7,345,831	\$ 7,093,689	\$ 60,208
Expenditures & Request:						
Personal Services	\$ 3,653,515	\$ 4,989,015	\$ 4,989,015	\$ 5,172,327	\$ 4,940,760	\$ (48,255)
Total Operating Expenses	152,177	218,995	218,995	221,403	218,995	0
Total Professional Services	350,616	419,840	419,840	424,458	419,840	0
Total Other Charges	1,168,815	1,405,631	1,405,631	1,527,643	1,514,094	108,463
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 5,325,123	\$ 7,033,481	\$ 7,033,481	\$ 7,345,831	\$ 7,093,689	\$ 60,208
Authorized Full-Time Equivalents:						
Classified	26	26	26	26	24	(2)
Unclassified	10	10	10	10	10	0
Total FTEs	36	36	36	36	34	(2)

Source of Funding

The Administration and Support Program is funded with State General Fund, and Federal Funds. Federal funds are derived from a Data Infrastructure Grant from The Center for Mental Health Services, and the Olmstead grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 6,854,781	\$ 7,033,481	36	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
98,711	98,711	0	State Employee Retirement Rate Adjustment
329,978	329,978	0	Salary Base Adjustment
(138,649)	(138,649)	0	Attrition Adjustment
(112,123)	(112,123)	(2)	Personnel Reductions
(226,172)	(226,172)	0	Salary Funding from Other Line Items
47,290	47,290	0	Risk Management
66,910	66,910	0	Rent in State-Owned Buildings
(400)	(400)	0	UPS Fees



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
(4,227)	(4,227)	0	Civil Service Fees
(1,110)	(1,110)	0	CPTP Fees
Non-Statewide Major Financial Changes:			
\$ 6,914,989	\$ 7,093,689	34	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 6,914,989	\$ 7,093,689	34	Base Executive Budget FY 2010-2011
\$ 6,914,989	\$ 7,093,689	34	Grand Total Recommended

Professional Services

Amount	Description
\$419,840	Provides technical assistance/consultation to managers and field staff regarding planning and implementation of research and evaluation projects or statistical analysis.
\$419,840	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
Other Charges:	
\$528,041	OMH Information system to support intranet
\$161,239	Louisiana Mental Health Data Infrastructure grant
\$689,280	SUB-TOTAL OTHER CHARGES
Interagency Transfers:	
\$12,712	Payments to the Division of Administration for uniform payroll services
\$3,063	Payments to the Division of Administration - Comprehensive Public Training Program
\$106,102	Payments to the Division of Administration - Office of Risk Management
\$17,841	Payments to the Department of Civil Service
\$551,180	Rent of State-owned Building
\$133,916	Payment to the Office of Telecommunications for fees
\$824,814	SUB-TOTAL INTERAGENCY TRANSFERS
\$1,514,094	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
	This program does not have any funding for Acquisitions and Major Repairs for FY2010-2011.

Performance Information

- 1. (KEY) By June 30, 2011, through the Administrative activity, OMH will improve consumer health and behavioral health outcomes by ensuring that at least 99% of adults will report satisfactory access to services.**

State Outcome Goals Link: 7 - Health The Administrative functions of the OMH are responsive to the Health Goal by developing the necessary foundation for the efficient management of public mental health care within a public-private partnership environment. The redesign and management of services and systems will facilitate the emergence of education about mental health care and prevention strategies; utilization of the nationally recognized practice standard assessment instrument for identifying appropriate levels of care (LOCUS and CALOCUS); implementation of a full range of behavioral health services consistent with the evidence-base for effective and efficient delivery of the indicated levels of care. This service array includes a crisis response system for crisis stabilization and intervention, community mental health clinics, wellness centers, assertive/forensic treatment teams, peer supports, supported services for accessing housing of personal choice, cognitive behavioral interventions, trauma-focused treatments, emergency response and disaster mental health intervention and evacuation, home and community-based treatment such as Multi Systemic Therapy (MST) and Family Focused Therapy (FFT) for families, care management for families, early screening and intervention for children under age 5. Implementing management strategies which ensure treatment fidelity with evidence-based standards and building capacity of local/regional service providers to function within a managed care reimbursement system; and position the design of the behavioral health service array to take advantage of integration with primary care programs such as Federally Qualified Health Centers (FQHSCs).

Children's Budget Link: Child/adolescent services are linked via the budget to the goals of the Children's Cabinet.

Human Resource Policies Beneficial to Women and Families Link: Not applicable.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010: Goal 18 in Healthy People 2010 links directly to the Office of Mental Health: Improve mental health and ensure access to appropriate, quality mental health services.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Annual percentage of adults reporting positive service outcomes (LAPAS CODE - 16951)	97%	98%	98%	98%	98%	98%
K	Annual percentage of adults reporting satisfactory access to services (LAPAS CODE - 16949)	99%	99%	99%	99%	99%	99%
S	Annual percentage of adults reporting positive service quality (LAPAS CODE - 16950)	98%	99%	99%	99%	99%	99%



330_2000 — Community Mental Health

Program Authorization: R.S. 36:258 C; R.S. 28:1-723

Program Description

The mission of the Community Mental Health Program is to provide a comprehensive, integrated, evidence based program and support services enabling persons to function at their best possible level promoting recovery.

The goals of the Community Mental Health program are as follows:

- I. Consolidation of OMH and OAD into the Office of Behavioral Health
- II. Expanding access to services for children and youth
- III. Increasing the number of evidence-based practices with empirically derived fidelity measures
- IV. Enhance workforce clinical competencies
- V. Increasing accountability for the services and care provided to the people of Louisiana

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$15,842,980	\$29,174,291	52	Consumer Health and Behavioral Based Outcomes - Increase access to prevention and early intervention for children ages 0-5; increase ratio of community to hospital public funds; increase number of persons served in community-based settings.
		62	NON T.O. FTE Ceiling Recommended for FY 2010-2011
\$15,842,980	\$29,174,291	114	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Community Mental Health Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 17,121,148	\$ 8,524,790	\$ 8,524,790	\$ 12,807,786	\$ 15,842,980	\$ 7,318,190
State General Fund by:						
Total Interagency Transfers	11,603,206	9,702,257	9,702,257	5,357,094	5,357,094	(4,345,163)
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0



Community Mental Health Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	16,449,068	20,987,816	20,987,816	7,974,217	7,974,217	(13,013,599)
Total Means of Financing	\$ 45,173,422	\$ 39,214,863	\$ 39,214,863	\$ 26,139,097	\$ 29,174,291	\$ (10,040,572)

Expenditures & Request:

Personal Services	\$ 17,138,364	\$ 14,789,125	\$ 14,205,495	\$ 4,876,009	\$ 4,917,883	\$ (9,287,612)
Total Operating Expenses	581,621	2,289,606	2,091,667	714,132	690,981	(1,400,686)
Total Professional Services	735,067	1,326,717	1,203,111	1,127,345	1,114,111	(89,000)
Total Other Charges	26,718,370	20,809,415	21,094,419	19,421,611	22,451,316	1,356,897
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	620,171	0	0	(620,171)
Total Expenditures & Request	\$ 45,173,422	\$ 39,214,863	\$ 39,214,863	\$ 26,139,097	\$ 29,174,291	\$ (10,040,572)

Authorized Full-Time Equivalents:

Classified	85	58	58	58	52	(6)
Unclassified	0	0	0	0	0	0
Total FTEs	85	58	58	58	52	(6)

Source of Funding

The Community Mental Health Program is funded with State General Fund, Interagency Transfers, and Federal Funds. Interagency Transfers are received from (1) Department of Social Services for Temporary Assistance for Needy Families (TANF) - Early Childhood Supports and Services (ECSS); and (2) Office of Public Health for bioterrorism preparedness. Federal Funds are received from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services for the following grants: (1) Community Mental Health Services (CMHS) Block, (2) Project Assistance for Transition from Homelessness (PATH), (3) La-YES (child mental health initiative) and (4) the Louisiana Partnership for Youth Suicide Prevention grant.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 8,524,790	\$ 39,214,863	58	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
126,750	126,750	0	State Employee Retirement Rate Adjustment
358,521	358,521	0	Salary Base Adjustment
(118,197)	(118,197)	0	Attrition Adjustment



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
(341,093)	(620,171)	(6)	Personnel Reductions
(99,225)	(99,225)	0	Salary Funding from Other Line Items
Non-Statewide Major Financial Changes:			
4,196,321	0	0	Means of financing substitution to replace the Social Services Block Grant (SSBG) from Medicaid with State General Fund in the Hospital Based Services activity.
0	(400,000)	0	Non-recurring Jail Diversion Grant funding in the Consumer Health and Behavioral Based Outcomes activity.
0	(11,273,163)	0	Non-recurring Hurricane Gustav Regular Services Program Grant funding in the Consumer Health and Behavioral Based Outcomes activity.
0	(1,210,200)	0	Reduction to the Louisiana Youth Enhanced Services Grant in the Consumer Health and Behavioral Based Outcomes activity.
975,000	975,000	0	As part of the effort to enhance community based services due to the loss of Disproportionate Share Hospital funding, these funds will be used for Intensive Case Management services in the Community Based Treatment activity.
2,220,113	2,220,113	0	As part of the effort to enhance community based services due to the loss of Disproportionate Share Hospital funding, these funds will be used for the Therapeutic Residential initiative in the Community Based Treatment activity.
\$ 15,842,980	\$ 29,174,291	52	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 15,842,980	\$ 29,174,291	52	Base Executive Budget FY 2010-2011
\$ 15,842,980	\$ 29,174,291	52	Grand Total Recommended

Professional Services

Amount	Description
\$363,241	Consultants who provide specialized technical support services for the Office of Mental Health integrated computerized information system development and operations statewide.
\$750,870	Provides components of support (training, market plan development, data analysis, psychiatric services) to develop systems of care that deliver effective comprehensive community health services for children and adolescents with serious emotional disturbances and their families.
\$1,114,111	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
Other Charges:	
\$2,665,413	Specialized Contracted Services - Services under this category are specific to mental health planning requirements or to special population needs



Other Charges (Continued)

Amount	Description
\$1,844,839	Early Childhood Supports and Services (TANF): A program designed to 1) Develop and implement model of infant mental health intervention that can be generalized across the state and 2) Identify and provide supports and services to young children ages 0-5 and their families who are at risk of developing cognitive, behavioral and relationship difficulties
\$83,000	Louisiana Youth Enhancement services (LA YES) - Incorporates a comprehensive and coordinated system of care for children with serious emotional and behavioral disorders
\$130,250	Louisiana Partnership for Youth Suicide Prevention - These funds help fund a project to reduce youth suicides and suicidal behavior in Louisiana, specifically in the hurricane impacted parishes
\$12,132,704	Mental Health of Greater New Orleans - Provides immediate relief to the continuing and growing mental health issues in the Greater New Orleans area. It has three major components: 1) Assertive Community Treatment, 2) Housing Services, and 3) a team of experts to serve as overseers to assure implementation of the programs plus coordinated management of all mental health resources into the Greater New Orleans area.
\$16,856,206	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$687,944	Commodities and services - Louisiana Yes and the Project for Assistance in Transition for Homeless grant
\$4,262,113	Transfer of Funds for various programs that include services to the Human Service Districts, and Mental Health Greater New Orleans program
\$62,705	Insurance, rental, printing and postage
\$582,348	Telephone and Miscellaneous administrative costs
\$5,595,110	SUB-TOTAL INTERAGENCY TRANSFERS
\$22,451,316	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.

Performance Information

- (KEY) By June 30, 2011, through the Consumer Health and Behavioral Health Outcomes activity, OMH will increase access to prevention and early intervention for children ages 0-5; increase ratio of community to hospital public funds; increase number of persons served in community-based settings, and ensure that at least 50% of total mental health expenditures are allocated to community based services**

State Outcome Goals Link: 7 - Health The Administrative functions of the OMH are responsive to the Health Goal by developing the necessary foundation for the efficient management of public mental health care within a public-private partnership environment. The redesign and management of services and systems will facilitate: the emergence of education about mental health care and prevention strategies; utilization of the nationally recognized practice standard assessment instrument for identifying appropriate levels of care (LOCUS and CALOCUS); implementation of a full range of behavioral health services consistent with the evidence-base for effective and efficient delivery of the indicated levels of care. This service array includes a crisis response system for crisis stabilization and intervention, community mental health clinics, wellness centers, assertive/forensic treatment teams, peer supports, supported services for accessing housing of personal choice, cognitive behavioral interventions, trauma-focused treatments, emergency response and disaster mental health intervention and evacuation, home and community-based treatment such as Multi Systemic Therapy (MST) and Family



Focused Therapy (FFT) for families, care management for families, early screening and intervention for children under age 5. Implementing management strategies which ensure treatment fidelity with evidence-based standards and building capacity of local/regional service providers to function within a managed care reimbursement system; and position the design of the behavioral health service array to take advantage of integration with primary care programs such as Federally Qualified Health Centers (FQHSCs).

Children's Budget Link: This objective is linked to the Children's Budget through those items which provide services to children and adolescents.

Human Resource Policies Beneficial to Women and Families Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010: Goal 18 in Healthy People 2010 links directly to the Office of Mental Health: Improve mental health and ensure access to appropriate, quality mental health services.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Number of youth receiving infant mental health services (LAPAS CODE - 15392)	500	691	600	686	700	690
K	Annual percentage of total mental health agency expenditures allocated to community-based services (LAPAS CODE - 11354)	50%	41%	41%	45%	50%	46%
K	Annual percentage of total mental health agency expenditures allocated to inpatient hospital services (LAPAS CODE - 11361)	50%	59%	53%	55%	50%	54%
S	Community utilization rate per 1,000 population (LAPAS CODE - New)	Not Available	Not Available	Not Available	10%	13%	13%
<p>This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009.</p> <p>The number provided is an estimate and does not have an Existing Performance Standard.</p> <p>Reflects increasing community utilization rate by 9 persons per 1,000 over the next 2 years. This figure reflects 1/3 of that total.</p>							

Community Mental Health General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of psychiatric acute units operated statewide (LAPAS CODE - 12220)	6	5	5	4	4
Number of Community Mental Health Centers operated statewide (LAPAS CODE - 12235)	43	40	40	40	40
Number of CMHC in OMH Regions.					
Number of state hospitals operated statewide (LAPAS CODE - 12238)	5	5	5	5	5
Number of adults served across the system of care (LAPAS CODE - 8090)	40,459	40,117	36,998	36,513	26,205
Number of children and adolescents served across the system of care (LAPAS CODE - 8091)	7,409	7,143	6,095	5,839	4,118



330_3000 — Mental Health Area A

Program Authorization: Executive Reorganization Act; R.S. 38:259 (c); Mental Health Law; R.S. 28:1 et. seq.

Program Description

The mission of the Mental Health Area A Program is to provide a comprehensive, integrated, evidence based programs and support services enabling persons to function at their best possible level promoting recovery.

The goals of the Community Mental Health program are as follows:

- I. Consolidation of OMH and OAD into the Office of Behavioral Health
- II. Expanding access to services for children and youth
- III. Increasing the number of evidence-based practices with empirically derived fidelity measures
- IV. Enhance workforce clinical competencies
- V. Increasing accountability for the services and care provided to the people of Louisiana

The Mental Health Area A program includes the following activities:

- Community Based Treatment - Community Based Treatment include: Community Mental Health Centers (CMHC); Regional Pharmacies; Psychosocial Rehabilitation/Day Programs; Residential Programs; Community and Family Support; Emergency Services and other non-traditional contracted community treatment and support services, such as case management, supported employment, supported housing, and consumer care emergency services. CMHC's are state licensed programs offering a full array of community based services for all populations including elderly and forensic and are the focus of coordination and integration of all services within the region/area. Regional Pharmacies provide psychotropic medications for all non-Medicaid persons served in each of the clinics within the area. Psychosocial Rehabilitation/Day Programs provide persons with opportunities for learning new community and adaptive living skills, including work skills, and for developing networks of natural and peer supports. The Southeast La Hospital psychiatric unit is a short-stay (usually less than 14 days) inpatient program providing rapid crisis response and stabilization to persons in need of an inpatient level of care (i.e. suicidal, homicidal, gravely disabled) and is a major component of the emergency services within the area. All community based treatment is designed using best practice models and evidenced based programs where possible.
- Hospital Based Treatment - Hospital Based Treatment Services refer to the State Psychiatric Hospital Program(s) which provide an array of services to persons in need of acute, intermediate or long-term psychiatric inpatient care, including special treatment populations, such as those persons who are forensically involved, affected by substance abuse, or with developmental neuropsychiatric disorders. Programs are also specialized to meet the needs of children/youth and adults. The state psychiatric hospitals are coordinated with community emergency services, treatments, and supports, and provide inpatient evaluation, diagnosis, treatment, and rehabilitation. Treatment services include individual, family, and group psychotherapy, recreational and occupational therapy, art and music therapy, work therapy, speech and hearing therapy, nutritional counseling, dental services, pastoral care services, and limited diagnostic medical services. Rehabilitative services assist adult persons in returning to work, and educational services are available to children/adolescents through the Department of Education, Special School District #1.

Area A’s system of services encompasses the geographical area of ten southeast Louisiana parishes. It includes five community mental health centers in Region 3: Lafourche Mental Health Center, South Lafourche Mental Health Center, River Parishes Mental Health Center, St. Mary Mental Health Center and Terrebonne Mental Health Center; and Southeast Louisiana Hospital (SELH), which includes two acute units, one on the SELH campus and one at LSU/Bogalusa Medical Center, a children’s complex providing inpatient and outpatient services, as well as community support services for adults and children.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$12,756,647	\$14,807,489	0	Community Based Services - Provides community based services in DHH Region 3.
\$16,396,024	\$51,875,954	579	Hospital Based Services - Provides community based services in Region 3 and Southeast Louisiana State Hospital.
		24	NON T.O. FTE Ceiling Recommended for FY 2010-2011
\$29,152,671	\$66,683,443	603	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Mental Health Area A Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 36,520,563	\$ 15,120,871	\$ 15,120,871	\$ 37,863,890	\$ 29,152,671	\$ 14,031,800
State General Fund by:						
Total Interagency Transfers	38,575,295	52,906,815	52,906,815	23,712,333	36,363,997	(16,542,818)
Fees and Self-generated Revenues	1,470,486	360,291	360,291	360,291	360,291	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	655,288	806,484	944,487	806,484	806,484	(138,003)
Total Means of Financing	\$ 77,221,632	\$ 69,194,461	\$ 69,332,464	\$ 62,742,998	\$ 66,683,443	\$ (2,649,021)
Expenditures & Request:						
Personal Services	\$ 50,715,858	\$ 41,557,758	\$ 42,457,758	\$ 36,139,916	\$ 41,342,558	\$ (1,115,200)
Total Operating Expenses	11,938,129	12,385,846	10,416,526	10,640,220	8,750,513	(1,666,013)
Total Professional Services	4,995,898	3,993,625	5,693,625	5,960,363	3,687,359	(2,006,266)
Total Other Charges	8,890,279	11,117,232	10,584,727	9,748,499	12,649,013	2,064,286
Total Acq & Major Repairs	681,468	140,000	179,828	254,000	254,000	74,172
Total Unallotted	0	0	0	0	0	0



Mental Health Area A Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Expenditures & Request	\$ 77,221,632	\$ 69,194,461	\$ 69,332,464	\$ 62,742,998	\$ 66,683,443	\$ (2,649,021)
Authorized Full-Time Equivalents:						
Classified	818	733	733	347	552	(181)
Unclassified	30	27	27	11	27	0
Total FTEs	848	760	760	358	579	(181)

Source of Funding

The Office of Mental Health Area A program is funded with State General Fund, Interagency Transfers, Fees and Self Generated funds, and Federal Funds. Interagency Transfers include Title XIX reimbursement for services provided to Medicaid eligible patients, a grant awarded to the New Orleans Adolescent Hospital from the Primary Care Access and Stabilization Grant, reimbursement from the Office for Addictive Disorders for services received, and reimbursements from various state and local agencies for services received. Fees and Self-generated Revenues represent reimbursement for ineligible patients with insurance or personal payments based on a sliding fee scale and meals served to employees and visitors. Federal Funds are Title XVIII reimbursement for services provided to Medicare eligible patients and federal grants from the U.S. Department of Housing and Urban Development (HUD) for transitional and permanent housing and group homes.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 15,120,871	\$ 69,332,464	760	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
540,159	1,115,337	0	State Employee Retirement Rate Adjustment
1,912,045	2,606,900	0	Salary Base Adjustment
(514,859)	(2,238,518)	(105)	Personnel Reductions
114,000	254,000	0	Acquisitions & Major Repairs
0	(140,000)	0	Non-Recurring Acquisitions & Major Repairs
0	(138,003)	0	Non-recurring Carryforwards
380,015	950,037	0	Risk Management
0	28,091	0	Legislative Auditor Fees
(1,907)	(1,907)	0	UPS Fees
(16,901)	(16,901)	0	Civil Service Fees
(8,062)	(8,062)	0	CPTP Fees
Non-Statewide Major Financial Changes:			
10,000,000	0	0	Means of financing substitution to replace the Social Services Block Grant (SSBG) from Medicaid with State General Fund in the Hospital Based Services activity.



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
0	(5,392,455)	0	Decrease due to the loss of federal dollars as a result of a change to federal rules for collection of DSH payments in the Hospital Based Treatment activity.
0	0	(76)	The Office of Mental Health (Region 3) is entering into an Interagency Transfer Agreement with the South Central Louisiana Human Services Authority (SCLHSA). As part of the agreement, Region 3 is reducing their budget by \$14,807,489 and sending the funds via IAT to SCLHSA. Seventy-six (76) positions will also be sent to SCLHSA and will be converted to Non T.O. FTE positions.
(502,930)	(502,930)	0	Annualization of Executive Order BJ 09-21FY10 mid-year budget reductions to social services contracts in the Community Based Treatment and Hospital Based Treatment activities.
0	(1,294,850)	0	Adjustment to align means of finance with projected Uncompensated Care Costs collections for FY11 in the Hospital Based Treatment activity.
1,130,240	1,130,240	0	As a result of reductions to inpatient services due to loss of DSH dollars, these funds will be used to enhance community based services as an alternative to provide the most cost effective level of care in the Community Based Treatment activity.
1,000,000	1,000,000	0	Funding for Children's Outpatient Service Access in the Hospital Based Treatment activity.
\$ 29,152,671	\$ 66,683,443	579	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 29,152,671	\$ 66,683,443	579	Base Executive Budget FY 2010-2011
\$ 29,152,671	\$ 66,683,443	579	Grand Total Recommended

Professional Services

Amount	Description
\$3,536,237	Contracts various mental health services that include nursing, psychiatry services, on-call physicians, acute services, and psychologists
\$151,122	Funding to provide services provided by translators and interpreters for the deaf and A Living Skills Instructor SELH
\$3,687,359	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
Other Charges:	
\$90,000	Patient Work Program - Offered to clients ages sixteen (16) years and older. This program provides clients the opportunity to develop essential interpersonal skills necessary for job success, to establish a pattern of job responsibility and to evaluate job readiness skills as part of their treatment.
\$240,000	Salaries and related benefits of contracted employees



Other Charges (Continued)

Amount	Description
\$7,591,736	Social Services Contracts including permanent supportive housing, cash subsidies, community services and group homes
\$300,000	Outside medical costs - Medical facility costs are paid for by the mental health facilities for medical care received by clients from other medical centers
\$324,943	Other charges including the annual survey fee for the Joint Commission, therapy/patient accounts
\$8,546,679	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$3,468,230	Payments to the Office of Risk Management
\$52,918	Legislative Auditor for audit services
\$37,229	Payments for Uniform Payroll Systems for payroll processing
\$201,916	Payment to the Department of Civil Service for personnel services
\$153,161	Payments to the Office of Telecommunications Management for communication services
\$7,560	Payment to the Comprehensive Public Training Program for services
\$20,434	ELMHS Laundry - Outside contract with ELMHS for laundry.
\$3,105	Forms Management - Costs for the producing and printing of various forms.
\$151,659	Office of Telecommunications Management
\$6,122	Other - Miscellaneous costs including postage, microfilm/state archives, criminal background checks, etc..
\$4,102,334	SUB-TOTAL INTERAGENCY TRANSFERS
\$12,649,013	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$254,000	Funding for the replacement and repairs of obsolete, inoperable, or damaged equipment, vehicles, and buildings.
\$254,000	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

- 1. (KEY) By June 30, 2011, through the Hospital-Based Treatment activity, Area A will improve behavioral health outcomes of intermediate inpatient care; Improve mental health outcomes for children and youth with serious emotional disorders in the parishes of Orleans, Plaquemines and St. Bernard, and ensure that at least 25 discharge ready patients are identified and have community living plans developed at the time of discharge.**

State Outcome Goals Link: 7 - Health The OMH Activities are designed as a comprehensive programmatic and fiscal redesign of OMH operations over a 3-5 year budget cycle. The principle features of the redesign are as follows: (1) realignment/design of community programs to take advantage of other Medicaid funding streams over a 3-5 year budget cycle; (2) eliminate 125 psych inpatient beds statewide, and save Disproportionate Share Hospital (DSH) Medicaid funds which will convert to funding community programs other different Medicaid programs; (3) requires bridge funding for 2 budget cycles to complete close down of beds and implementation of community programs and funding structure. The community programs must be in place before the patients in the hospitals beds can be discharged and the beds closed. This activity responds to the Better Health Goal Indicator One, iDecrease the percentage of avoidable state government expenditures for acute, behavioral health, elderly/disability and or chronic care that are institutional/inpatient. The ratio of



acute care beds to intermediate care is 49 acute beds to 94 intermediate beds. SELH is a Joint Commission accredited health care facility and just recently successfully completed its triennial unannounced survey by the Joint Commission . Dr. Geeze, one of the members of the survey team referred to SELH as a ipocket of excellence within the State's mental health system. The mission of SELH is to assist through treatment the Hope, Empowerment, and Recovery of Louisianans who use its services. SELH has successfully consolidated operations over the last two budget periods and maintains a length of patient treatment within accepted guidelines for acute and intermediate treatment for adults and children. Through the redesign and organizational realignment of the child outpatient clinics, SELH is reducing utilization of inpatient beds and increasing the likelihood of families stay intact. During FY 2011 OMH will release an RFP to determine feasibility of privatization of the SELH functions.

Children's Budget Link: Child/adolescent services are linked via the budget to the goals of the Children's Cabinet.

Human Resource Policies Beneficial to Women and Families Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010: Goal 18 in Healthy People 2010 links directly to the Office of Mental Health: Improve mental health and ensure access to appropriate, quality mental health services.

Explanatory Note: The Area A Office of Mental Health Program provides hospital based services in Region 3 and Southeast Louisiana State Hospital (SELH), including the auxiliary program, which as all state facilities is available to residents of all parishes in Louisiana. This activity is limited to the services provided by SELH.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of adults discharged from a state hospital and readmitted within 30 days of discharge (Statewide) (LAPAS CODE - New)	Not Available	Not Available	Not Available	2.3%	2.3%	2.3%
K	Number of persons of discharge-ready patients identified and with community living plans developed (LAPAS CODE - New)	Not Available	Not Available	Not Available	25	25	25



2. (KEY) By June 30, 2011, through the Community Based Treatment activity, Area A will increase community penetration rate and reduce reliance on hospitalization with provision of local crisis services (Act 477), and ensure that the utilization rate for the community will be at least 16.2 per 1,000 population.

State Outcome Goals Link: 7 - Health The Administrative functions of the OMH are responsive to the Health Goal by developing the necessary foundation for the efficient management of public mental health care within a public-private partnership environment. The redesign and management of services and systems will facilitate: the emergence of education about mental health care and prevention strategies; utilization of the nationally recognized practice standard assessment instrument for identifying appropriate levels of care (LOCUS and CALOCUS); implementation of a full range of behavioral health services consistent with the evidence-base for effective and efficient delivery of the indicated levels of care. This service array includes a crisis response system for crisis stabilization and intervention, community mental health clinics, wellness centers, assertive/forensic treatment teams, peer supports, supported services for accessing housing of personal choice, cognitive behavioral interventions, trauma-focused treatments, emergency response and disaster mental health intervention and evacuation, home and community-based treatment such as Multi Systemic Therapy (MST) and Family Focused Therapy (FFT) for families, care management for families, early screening and intervention for children under age 5. Implementing management strategies which ensure treatment fidelity with evidence-based standards and building capacity of local/regional service providers to function within a managed care reimbursement system; and position the design of the behavioral health service array to take advantage of integration with primary care programs such as Federally Qualified Health Centers (FQHCs).

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): Healthy People 2010: Goal 18 in Healthy People 2010 links directly to the Office of Mental Health: Improve mental health and ensure access to appropriate, quality mental health services.

Explanatory Note: The Area A Office of Mental Health Program provides community based services in the DHH Region 3 (Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary and Terrebonne parishes).

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		K Community utilization rate per 1,000 population (LAPAS CODE - New)	Not Available	Not Available	Not Available	16.2%	16.2%
This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009. The number provided is an estimate and does not have an Existing Performance Standard.							
K State hospital utilization rate per 1,000 population (LAPAS CODE - New)	Not Available	Not Available	Not Available	0.20%	0.20%	0.20%	
This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009. The number provided is an estimate and does not have an Existing Performance Standard.							



Mental Health Area A General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Community Treatment & Support - Total adult persons served in Community Mental Health Centers area-wide (LAPAS CODE - 11969)	17,640	6,125	5,949	6,233	6,580
Community Treatment & Support - Total children/adolescents served in Community Mental Health Centers area-wide (LAPAS CODE - 11986)	3,293	2,218	1,918	1,604	1,211
Community Treatment & Support - Percentage of adult prevalence populations served (LAPAS CODE - 12154)	67.2%	86.7%	84.2%	80.3%	40.2%
Community Treatment & Support - Percentage of children/adolescents prevalence population served (LAPAS CODE - 12157)	9.4%	9.3%	8.0%	11.3%	8.1%
Community Treatment & Support - Percentage of community mental health centers licensed (LAPAS CODE - 11794)	100.0%	100.0%	100.0%	100.0%	100.0%
Inpatient Care (Adults - Southeast Louisiana Hospital) - Total persons served (LAPAS CODE - 11970)	173	316	602	523	713
Inpatient Care (Adults - Southeast Louisiana Hospital) - Average daily census (LAPAS CODE - 11974)	86	96	107	109	148
Inpatient Care (Adults - Southeast Louisiana Hospital) - Average length of stay in days (LAPAS CODE - 11972)	265	118	81	60	75
Inpatient Care (Adults - Southeast Louisiana Hospital) - Average daily occupancy rate (LAPAS CODE - 11977)	77%	82%	88%	84%	93%
Inpatient Care (Adolescents/Children - Southeast Louisiana Hospital) - Total persons served (LAPAS CODE - 11989)	174	110	84	83	73
Inpatient Care (Adolescents/Children - Southeast Louisiana Hospital) - Average daily census (LAPAS CODE - 11994)	40.0	30.0	26.9	27.5	36.8
Inpatient Care (Adolescents/Children - Southeast Louisiana Hospital) - Average length of stay in days (LAPAS CODE - 11990)	81.7	151.0	254.1	149.9	265.5
Inpatient Care (Adolescents/Children - Southeast Louisiana Hospital) - Average daily occupancy rate (LAPAS CODE - 11996)	79.0%	65.0%	69.0%	80.0%	92.1%



330_4000 — Mental Health Area B

Program Authorization: Executive Reorganization Act; R.S. 38:259 (c); Mental Health Law; R.S. 28:1 et. seq.

Program Description

The mission of the Mental Health Area B Program is to provide a comprehensive, integrated, evidence based programs and support services enabling persons to function at their best possible level promoting recovery.

The goals of the Community Mental Health program are as follows:

- I. Consolidation of OMH and OAD into the Office of Behavioral Health
- II. Expanding access to services for children and youth
- III. Increasing the number of evidence-based practices with empirically derived fidelity measures
- IV. Enhance workforce clinical competencies
- V. Increasing accountability for the services and care provided to the people of Louisiana

The Mental Health Area B program includes the following activities:

- Community Based Treatment - Community Mental Health Centers (CMHC); Regional Pharmacies; Psychosocial Rehabilitation/Day Programs; Residential Programs; Community and Family Support; Emergency Services and other non-traditional contracted community treatment and support services, such as case management, supported employment, supported housing, and consumer care emergency services. CMHC's are state licensed programs offering a full array of community based services for all populations including elderly and forensic and are the focus of coordination and integration of all services within the region/area. Regional Pharmacies provide psychotropic medications for all non-Medicaid persons served in each of the clinics within the area. Psychosocial Rehabilitation/Day Programs provide persons with opportunities for learning new community and adaptive living skills, including work skills, and for developing networks of natural and peer supports. All community based treatment is designed using best practice models and evidenced based programs where possible.
- Hospital-Based Treatment - Refers to the State Psychiatric Hospital Program(s) which provide an array of services to persons in need of acute, intermediate or long-term psychiatric inpatient care, including special treatment populations, such as those persons who are forensically involved, affected by substance abuse, or with developmental neuropsychiatric disorders. Programs are also specialized to meet the needs of children/youth and adults. The state psychiatric hospitals are coordinated with community emergency services, treatments, and supports, and provide inpatient evaluation, diagnosis, treatment, and rehabilitation. Treatment services include individual, family, and group psychotherapy, recreational and occupational therapy, art and music therapy, work therapy, speech and hearing therapy, nutritional counseling, dental services, pastoral care services, and limited diagnostic medical services. Rehabilitative services assist adult persons in returning to work, and educational services are available to children/adolescents through the Department of Education, Special School District #1.

Mental Health Area B includes three major components organized into an integrated system of care: i.e., Crisis Services, Community Treatment and Supports, and Specialized Inpatient Services. Area B includes the following 14 parishes: Iberia, Lafayette, Jefferson Davis, Cameron, St. Landry, Evangeline, Vermillion, Beauregard, St. Martin, Acadia, Allen, Calcasieu, East Feliciana, and East Baton Rouge.

Area B includes three (3) acute inpatient units: Eastern Louisiana Mental Health System (Greenwell Springs); University Medical Center (Lafayette); and W.O. Moss (Lake Charles) and seven (7) community mental health centers: Allen Mental Health Center, Beauregard Mental Health Center, Dr. Joseph Henry Tyler Mental Health Center, Ville Platte Mental Health Center, Crowley Mental Health Center, Lake Charles Mental Health Center, and New Iberia Mental Health Center.

Area B also includes the Eastern Louisiana Mental Health System, an integrated system that operates the following state psychiatric facilities: East Division (formerly the East Louisiana State Hospital and Greenwell Springs Hospital) and Forensic Division (formerly Feliciana Forensic Facility).

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$23,342,917	\$31,652,702	200	Community Based Treatment - Provides community based services in DHH Regions 4 and 5.
\$65,067,595	\$91,874,929	1,131	Hospital Based Treatment - Provides community based services to the East Louisiana Mental Health System, which includes the Greenwell Springs Hospital Campus, East Louisiana State Hospital and Feliciana Forensic Facility.
		19	NON T.O. FTE Ceiling Recommended for FY 2010-2011
\$88,410,512	\$123,527,631	1,350	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Mental Health Area B Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 78,031,349	\$ 25,928,911	\$ 25,928,911	\$ 103,625,625	\$ 88,410,512	\$ 62,481,601
State General Fund by:						
Total Interagency Transfers	53,834,855	104,734,280	104,734,280	26,369,947	30,399,802	(74,334,478)
Fees and Self-generated Revenues	3,340,888	3,409,010	3,409,010	3,409,010	3,409,010	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	776,305	1,308,307	1,400,066	1,308,307	1,308,307	(91,759)
Total Means of Financing	\$ 135,983,397	\$ 135,380,508	\$ 135,472,267	\$ 134,712,889	\$ 123,527,631	\$ (11,944,636)



Mental Health Area B Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Expenditures & Request:						
Personal Services	\$ 91,390,669	\$ 87,414,492	\$ 92,702,701	\$ 95,201,427	\$ 74,738,959	\$ (17,963,742)
Total Operating Expenses	15,979,693	17,318,892	16,408,861	14,091,012	13,912,666	(2,496,195)
Total Professional Services	6,135,348	7,541,148	7,051,515	6,612,523	5,664,276	(1,387,239)
Total Other Charges	21,964,942	23,105,976	18,342,658	18,517,927	28,921,730	10,579,072
Total Acq & Major Repairs	512,745	0	0	290,000	290,000	290,000
Total Unallotted	0	0	966,532	0	0	(966,532)
Total Expenditures & Request	\$ 135,983,397	\$ 135,380,508	\$ 135,472,267	\$ 134,712,889	\$ 123,527,631	\$ (11,944,636)
Authorized Full-Time Equivalents:						
Classified	1,508	1,510	1,510	1,258	1,311	(199)
Unclassified	22	20	20	16	20	0
Total FTEs	1,530	1,530	1,530	1,274	1,331	(199)

Source of Funding

The Office of Mental Health Area B program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Federal Funds. Interagency Transfers include Title XIX reimbursement for services provided to Medicaid eligible patients and reimbursements from various state and local agencies for services received, including: Louisiana War Veterans Home, Villa Feliciana Medical Center, Louisiana Rehabilitation Services, Office for Addictive Disorders, Capital Area Human Services District and Dixon Correctional Institute. Fees and Self-generated Revenues include reimbursement for employee meals and the cost of housing furnished to employees, as well as miscellaneous income, such as funds received from individuals for copies of patient medical records and use of pay phones. In addition, other revenues from Fees and Self-Generated represent reimbursement for ineligible patients with insurance or personal payments based on a sliding fee scale, and payment for services provided to area acute units. Federal Funds are Title XVIII reimbursement for services provided to Medicare eligible patients and a federal grant from the U.S. Department of Housing and Urban Development.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 25,928,911	\$ 135,472,267	1,530	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
28,354	59,384	0	Civil Service Training Series
1,059,682	2,134,149	0	State Employee Retirement Rate Adjustment
(473,752)	(473,752)	0	Salary Base Adjustment



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
(889,210)	(9,297,357)	(199)	Personnel Reductions
(2,391,479)	(4,873,761)	0	Salary Funding from Other Line Items
290,000	290,000	0	Acquisitions & Major Repairs
0	(91,759)	0	Non-recurring Carryforwards
799,173	1,427,094	0	Risk Management
0	(7,043)	0	Legislative Auditor Fees
(4,815)	(4,815)	0	UPS Fees
(2,626)	(2,626)	0	Civil Service Fees
(9,958)	(9,958)	0	CPTP Fees
Non-Statewide Major Financial Changes:			
50,745,784	0	0	Means of financing substitution to replace the Social Services Block Grant (SSBG) from Medicaid with State General Fund in the Hospital Based Services activity.
0	530,703	0	Adjustment to align means of finance with projected Uncompensated Care Costs collections for FY11 in the Hospital Based Treatment activity.
0	(14,555,343)	0	Decrease due to the loss of federal dollars as a result of a change to federal rules for collection of DSH payments in the Hospital Based Treatment activity.
0	(400,000)	0	Non-recurring funding for the Jail Diversion Program in the Community Based Treatment activity.
(1,405,187)	(1,405,187)	0	Annualization of Executive Order BJ 09-21FY10 mid-year budget reductions to social services contracts in the Community Based Treatment and Hospital Based Treatment activities.
8,561,766	8,561,766	0	As a result of reductions to inpatient services due to loss of DSH dollars, these funds will be used to enhance community based services as an alternative to provide the most cost effective level of care in the Community Based Treatment activity.
1,687,500	1,687,500	0	Funding for Assertive Community Teams and Forensic Assertive Community Teams in the Community Based Treatment activity.
825,000	825,000	0	As part of the effort to enhance community based services due to the loss of Disproportionate Share Hospital funding, these funds will be used for Intensive Case Management services in the Community Based Treatment activity.
714,488	714,488	0	As part of the effort to enhance community based services due to the loss of Disproportionate Share Hospital funding, these funds will be used for the Therapeutic Residential initiative in the Community Based Treatment activity.
2,946,881	2,946,881	0	As part of the effort to enhance community based services due to the loss of Disproportionate Share Hospital funding, these funds will be used for a Secure Forensic Facility in the Hospital Based Treatment activity.
\$ 88,410,512	\$ 123,527,631	1,331	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 88,410,512	\$ 123,527,631	1,331	Base Executive Budget FY 2010-2011
\$ 88,410,512	\$ 123,527,631	1,331	Grand Total Recommended



Professional Services

Amount	Description
\$50,000	Specialized expertise in the design process of ELMHS medical staff
\$3,934,514	Contracts for psychiatric services including direction and coordination of treatment for all patients
\$949,998	Contracts for the following medical services: dental, radiology, ophthalmology and internal medicine
\$101,300	Contracts for psychology services including patient assessments, jail based competency assessments and data collection & analysis services
\$56,800	Pharmacists for Greenwell Springs acute unit patients and pharmacy technicians in the regions for Patients Assistance Program
\$109,000	Contractor for nutritional assessments, counseling and education
\$221,060	Contractor for sign language services
\$43,500	Joint Commission on Accreditation of Healthcare Organizations (JCAHO) medical (Psychiatry) staff consultant
\$41,896	Contractor to serve as radiology technician
\$35,507	Contracts to operate community group homes
\$30,500	Contract for social and vocational training for Intermediate Care Facility for People with Mental Retardation Program (ICF/MR) clients
\$27,000	Contracts for pastoral services
\$18,000	Volunteer services program coordinator for Greenwell Springs campus
\$15,000	Contractor to serve as librarian for professional library
\$25,201	Sign and language interpretation, staff development training
\$5,000	Transportation of Region 5 clients from acute unit
\$5,664,276	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$10,805	Funding for the reimbursement to East Feliciana Parish Sheriff's Office
\$76,590	Funding for the Forensic Aftercare Clinic in New Orleans
\$3,291,284	Funding for Social Service contracts for Community Health Centers
\$389,110	Funding for Patient Rehabilitation Labor Program
\$2,884,847	Forensic beds, Housing - Supervised Independent Living, Intermediate Supervised Residential Beds, Crisis Respite
\$14,735,635	Funding for Crisis Response/Intervention, CIT Triage, Ctr/CM/CART School Based Serv
\$1,040,000	Permanent Supportive Housing
\$22,417,466	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$60,614	Payments for Uniform Payroll System for payroll processing
\$30,672	Payments for Comprehensive Public Training Program for services
\$195,661	Payments to the Department of Civil Service for personnel services
\$22,058	Legislative Auditor for audit services
\$5,209,784	Payment to the Office of Risk Management
\$291,491	Payment to the Office of Telecommunications Management for communication services
\$33,913	Villa Feliciana Medical Center
\$55,000	Contract with the Secretary of State for microfilming patient records
\$401,325	Provides skilled nursing and sick bay services for forensic patients at Villa Feliciana Medical Complex



Other Charges (Continued)

Amount	Description
\$73,000	Provider based fee for ICF/MR patient day reimbursement for patients in group homes
\$114,364	Division of Administration - Office of Telecommunications Management
\$10,000	Office supplies for regions
\$6,382	Commodities and Services
\$6,504,264	SUB-TOTAL INTERAGENCY TRANSFERS
\$28,921,730	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$290,000	Funding for the replacement and repairs of obsolete, inoperable, or damaged equipment, vehicles, and buildings.
\$290,000	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

- (KEY) By June 30, 2011, through the Hospital-Based Treatment activity, Area B will improve behavioral health outcomes of intermediate inpatient care; Identify community living plans for 82 ELMHS patients included in the 162 patients to be discharged statewide, and ensure that at least 25 discharge ready patients are identified and have community living plans developed at the time of discharge.**

State Outcome Goals Link: 7 - Health This activity responds to the Better Health Goal Indicator One, iDecrease the percentage of avoidable state government expenditures for acute, behavioral health, elderly/disability and or chronic care that are institutional/inpatient. ELMHS is a Joint Commission accredited health care facility and is the chronic care location for persons with the most intractable forms of mental illness. ELMHS maintains the longest length of stay of any state hospital facility operated by OMH. Many patients have been at ELMHS for years. Just a little over 50% of the patients at ELSH and FFF campuses are over age 50, many with severe and complex mental illness, or under court order and cannot be released even when treatment outcomes are met due to their legal status. Many of the patients at ELMHS are living in the least restrictive setting possible given the severity of their illness. On the other hand preliminary patient reviews indicate that approximately 80 patients have reached maximum treatment benefit but remain at ELMHS due to old court orders or families not wanting to care for their family members who have long-term chronic health and mental health conditions. During FY 2011 OMH will aggressively work on the out-placement and discharge of approximately 125 patients who meet this standard (between ELMHS and Central Louisiana State Hospitals). By increasing the skilled workforce to complete competency restoration services in the community it is anticipated that many hospitalizations can be avoided, currently there are 120 people awaiting competency restoration in the community. The demand for forensic inpatient beds if left unabated will ultimately completely consume ELMHS as the only State resource for persons with this level of severity of mental illness. Of the 298 designated civil beds on the ELSH campus 48% are now occupied by Forensic patients.

Children's Budget Link: Child/adolescent services are linked via the budget to the goals of the Children's Cabinet.

Human Resource Policies Beneficial to Women and Families Link: Not applicable



Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010: Goal 18 in Healthy People 2010 links directly to the Office of Mental Health: Improve mental health and ensure access to appropriate, quality mental health services.

Explanatory Note: Eastern Louisiana Mental Health System (ELMHS) - Jackson Campus, Forensic Campus and Greenwell Springs Campus

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		K Percentage of adults discharged from a state hospital and readmitted within 30 days of discharge (LAPAS CODE - New)	Not Available	Not Available	Not Available	6.3%	3.2%
K Number of discharge-ready patients identified and with community living plans developed (LAPAS CODE - New)	Not Available	Not Available	Not Available	25	25	100	

2. (KEY) By June 30, 2011, through the Community Based Treatment activity, Area B will increase community penetration rate and reduce reliance on hospitalization with provision of local crisis services (Act 477), and ensure that the utilization rate for the community will be at least 8.8 per 1,000 population.

State Outcome Goals Link: 7. Health - This proposal specifically responds to each of the five Health review criteria for Better Health Outcomes: The evidence-base for Assertive Community Treatment (ACT) for adults, Multi-systemic therapy (MST) and Functional Family Therapy (FFT) demonstrate better outcomes than traditional psychotherapy and institutional care. The utilization of outcome-based cognitive behavioral interventions is consistent with effective treatment of trauma, children and family centered interventions and the Recovery movement for persons with co-occurring conditions of mental illness and addictive disorders. The realignment of services and the management redesign of how services and programs are monitored, emphasizes accountability with respect to evidence-based standards. All OMH treatment planning processes are based on the Level of Care Utilization Survey (LOCUS or CALOCUS), which is recognized as the practice standard across public sector managed care systems. Evidence for accountability is linked to measures of consumer satisfaction and treatment outcomes. It is proposed that the traditional mental health clinic (MHC) will be transformed into more clearly defined set of service delivery programs. This will allow our current population of consumers to be more efficiently served, increase service access and integration with primary care treatment models, using(1) a Medication Management Services model these patients do not currently exhibit acute symptoms; and (2) The Recovery Service Center (RSC) that will provide an array of services. In general, this level of service will be for those consumers whose Level of Care on the LOCUS would be High Intensity Community Based Services.



Explanatory Note: The Area B Office of Mental Health Program provides community based services in the DHH Regions 4 and 5 (Allen, Arcadia, Beauregard, Calcasieu, Cameron, Evangeline, Iberia, Jefferson Davis, Lafayette, St. Landry, St. Martin and Vermillion parishes).

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): Healthy People 2010: Goal 18 in Healthy People 2010 links directly to the Office of Mental Health: Improve mental health and ensure access to appropriate, quality mental health services.

Explanatory Notes: 7 Community Mental Health Centers

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Community utilization rate per 1,000 population (LAPAS CODE - New)	Not Available	Not Available	Not Available	8.8%	8.8%	8.8%
This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009. The number provided is an estimate and does not have an Existing Performance Standard.							
K	State hospital for intermediate care utilization rate per 1,000 population (LAPAS CODE - New)	Not Available	Not Available	Not Available	0.1%	0.1%	0.1%
This is a new performance indicator for FY 2010-2011 and there is no year-end performance standard or prior year data available for FY 2008-2009. The number provided is an estimate and does not have an Existing Performance Standard.							



Mental Health Area B General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Community Treatment & Support - Total adult persons served in Community Mental Health Centers area-wide (LAPAS CODE - 11742)	6,775	7,516	6,707	6,209	6,770
Community Treatment & Support - Total children/adolescents served in Community Mental Health Centers area-wide (LAPAS CODE - 11775)	1,496	1,670	1,383	1,197	1,055
Community Treatment & Support - Percentage of adult prevalence population served (in Community Mental Health Centers) (LAPAS CODE - 12120)	41.5%	36.8%	35.9%	32.1%	32.1%
Community Treatment & Support - Percentage of children/adolescents prevalence populations served (LAPAS CODE - 12137)	7%	6%	6%	5%	4%
Community Treatment & Support - Percentage of community mental health centers licensed (LAPAS CODE - 11608)	100%	100%	100%	100%	100%
Inpatient Care (Adults - Jackson Campus) - Total persons served (LAPAS CODE - 11761)	453	403	429	457	451
Inpatient Care (Adults - Jackson Campus) - Average daily census (LAPAS CODE - 11763)	280	279	279	291	297
Inpatient Care (Adults - Jackson Campus) - Average length of stay in days (LAPAS CODE - 11766)	587	587	817	335	773
Inpatient Care (Adults - Jackson Campus) - Average daily occupancy rate (LAPAS CODE - 11764)	99%	99%	99%	100%	100%
Inpatient Care (Adults - Forensic Unit) - Total persons served (LAPAS CODE - 11767)	298	288	295	327	337
Inpatient Care (Adults - Forensic Unit) - Average daily census (LAPAS CODE - 11769)	235	235	234	234	235
Inpatient Care (Adults - Forensic Unit) - Average length of stay in days (LAPAS CODE - 11772)	508	926	1,271	1,232	819
Inpatient Care (Adults - Forensic Unit) - Average daily occupancy rate (LAPAS CODE - 11770)	100%	100%	100%	100%	100%
Inpatient Care (Overall) - Average daily census (LAPAS CODE - 17030)	515	514	513	525	532
Inpatient Care (Overall) - Average daily occupancy rate (LAPAS CODE - 17031)	99%	100%	100%	100%	100%



330_5000 — Mental Health Area C

Program Authorization: Executive Reorganization Act; R.S. 38:259 (c); Mental Health Law; R.S. 28:1 et. seq.

Program Description

The mission of the Mental Health Area C Program is to provide a comprehensive, integrated, evidence based programs and support services enabling persons to function at their best possible level promoting recovery.

The goals of the Community Mental Health program are as follows:

- I. Consolidation of OMH and OAD into the Office of Behavioral Health
- II. Expanding access to services for children and youth
- III. Increasing the number of evidence-based practices with empirically derived fidelity measures
- IV. Enhance workforce clinical competencies
- V. Increasing accountability for the services and care provided to the people of Louisiana

The Mental Health Area C program includes the following activities:

- Community Based Treatment - Community Mental Health Centers (CMHC); Regional Pharmacies; Psychosocial Rehabilitation/Day Programs; Residential Programs; Community and Family Support; Emergency Services and other non-traditional contracted community treatment and support services, such as case management, supported employment, supported housing, and consumer care emergency services. CMHC's are state licensed programs offering a full array of community based services for all populations including elderly and forensic and are the focus of coordination and integration of all services within the region/area. Regional Pharmacies provide psychotropic medications for all non-Medicaid persons served in each of the clinics within the area. Psychosocial Rehabilitation/Day Programs provide persons with opportunities for learning new community and adaptive living skills, including work skills, and for developing networks of natural and peer supports. All community based treatment is designed using best practice models and evidenced based programs where possible.
- Hospital-Based Treatment - Refers to the State Psychiatric Hospital Program(s) which provide an array of services to persons in need of acute, intermediate or long-term psychiatric inpatient care, including special treatment populations, such as those persons who are forensically involved, affected by substance abuse, or with developmental neuropsychiatric disorders. Programs are also specialized to meet the needs of children/youth and adults. The state psychiatric hospitals are coordinated with community emergency services, treatments, and supports, and provide inpatient evaluation, diagnosis, treatment, and rehabilitation. Treatment services include individual, family, and group psychotherapy, recreational and occupational therapy, art and music therapy, work therapy, speech and hearing therapy, nutritional counseling, dental services, pastoral care services, and limited diagnostic medical services. Rehabilitative services assist adult persons in returning to work, and educational services are available to children/adolescents through the Department of Education, Special School District #1.



Area C includes the following 29 parishes: Caddo, Morehouse, Webster, Ouachita, Bienville, Franklin, Red River, Natchitoches, Catahoula, Rapides, Bossier, West Carroll, Claiborne, Richland, Jackson, Tensas, Winn, Grant, Concordia, Avoyelles, Union, East Carroll, Lincoln, Madison, Caldwell, DeSoto, Sabine, LaSalle and Vernon. Area C includes 1 acute inpatient unit: Huey P. Long Medical Center (Pineville) and 12 community mental health centers: Avoyelles Mental Health Center, Leesville Mental Health Center, Mental Health Center of Central LA (formerly Alexandria Mental Health Center), Jonesboro Mental Health Center, Minden Mental Health Center, Monroe Mental Health Center, Ruston Mental Health Center, Tallulah Mental Health Center, Richland Mental Health Center, Shreveport Mental Health Center, and Winnsboro Mental Health Center. Area C also includes a state psychiatric hospital: Central Louisiana State Hospital.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$31,555,638	\$34,894,018	199	Community Based Treatment - Provides community based services in the DHH Regions 6, 7, and 8.
\$11,894,399	\$23,401,944	259	Hospital Based Treatment - Provides services to the Central Louisiana State Hospital.
		27	NON T.O. FTE Ceiling Recommended for FY 2010-2011
\$43,450,037	\$58,295,962	485	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Mental Health Area C Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 37,330,806	\$ 30,682,035	\$ 30,682,035	\$ 42,372,745	\$ 43,450,037	\$ 12,768,002
State General Fund by:						
Total Interagency Transfers	24,742,631	33,316,767	33,316,767	15,285,352	14,415,649	(18,901,118)
Fees and Self-generated Revenues	375,590	375,590	375,590	375,590	375,590	0
Statutory Dedications	140,000	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	54,686	54,686	54,686	54,686	54,686	0
Total Means of Financing	\$ 62,643,713	\$ 64,429,078	\$ 64,429,078	\$ 58,088,373	\$ 58,295,962	\$ (6,133,116)
Expenditures & Request:						
Personal Services	\$ 37,496,145	\$ 39,425,290	\$ 37,183,561	\$ 32,355,628	\$ 28,355,506	\$ (8,828,055)
Total Operating Expenses	7,694,458	7,501,660	7,041,947	6,941,796	4,570,254	(2,471,693)
Total Professional Services	2,028,721	1,066,016	2,563,645	2,652,412	59,668	(2,503,977)
Total Other Charges	14,789,880	16,381,426	16,000,257	15,620,501	24,792,498	8,792,241



Mental Health Area C Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Acq&MajorRepairs	634,509	54,686	351,686	518,036	518,036	166,350
Total Unallotted	0	0	1,287,982	0	0	(1,287,982)
Total Expenditures & Request	\$ 62,643,713	\$ 64,429,078	\$ 64,429,078	\$ 58,088,373	\$ 58,295,962	\$ (6,133,116)
Authorized Full-Time Equivalents:						
Classified	607	546	546	340	428	(118)
Unclassified	20	30	30	28	30	0
Total FTEs	627	576	576	368	458	(118)

Source of Funding

The Office of Mental Health Area C Program is funded with State General Fund, Interagency Transfers, and Fees and Self-generated Revenues. Interagency Transfers include Title XIX reimbursement for services provided to Medicaid eligible patients at Central Louisiana State Hospital (CLSH) received through the Department of Health and Hospitals, Medical Vendor Payments, and reimbursements from various state and local agencies for services received provided or received. Fees and Self-generated Revenues include payments from patients for services based on a sliding fee scale and rent collected from employees living on the grounds of CLSH. The Statutory Dedication listed is from the Overcollections Fund. (Per R.S. 39:36B. (8), see table below for a listing of expenditures out of each Statutory Dedication Fund). Fees and Self-generated Revenues represent reimbursements for ineligible patients with insurance or personal payments based on a sliding fee scale, rentals received from various state and local agencies, and reimbursements for the cost of housing furnished to employees. Federal Funds are Title XVIII reimbursement for services provided to Medicare eligible patients.

Mental Health Area C Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Overcollections Fund	\$ 140,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 30,682,035	\$ 64,429,078	576	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
\$ 4,952	\$ 12,381	0	Civil Service Training Series
\$ 685,956	\$ 972,301	0	State Employee Retirement Rate Adjustment
\$ 140,589	\$ 366,975	0	Salary Base Adjustment
\$ (1,104,841)	\$ (1,697,313)	(118)	Personnel Reductions
\$ (718,337)	\$ (1,602,589)	0	Salary Funding from Other Line Items
\$ 178,122	\$ 518,036	0	Acquisitions & Major Repairs
\$ (143,608)	\$ (351,686)	0	Non-Recurring Acquisitions & Major Repairs
\$ 300,484	\$ 698,800	0	Risk Management
\$ 0	\$ 601	0	Legislative Auditor Fees
\$ (3,145)	\$ (3,145)	0	UPS Fees
\$ (3,906)	\$ (3,906)	0	Civil Service Fees
\$ (3,301)	\$ (3,301)	0	CPTP Fees
Non-Statewide Major Financial Changes:			
\$ 4,307,895	\$ 0	0	Means of financing substitution to replace the Social Services Block Grant (SSBG) from Medicaid with State General Fund in the Hospital Based Services activity.
\$ 0	\$ (763,704)	0	Adjustment to align means of finance with projected Uncompensated Care Costs collections for FY11 in the Hospital Based Treatment activity.
\$ 0	\$ (13,578,568)	0	Decrease due to the loss of federal dollars as a result of a change to federal rules for collection of DSH payments in the Hospital Based Treatment activity.
\$ (1,590,728)	\$ (1,590,728)	0	Annualization of Executive Order BJ 09-21FY10 mid-year budget reductions to social services contracts in the Community Based Treatment and Hospital Based Treatment activities.
\$ (174,860)	\$ 0	0	Means of finance substitution to optimize revenue collections from the Community Mental Health Center Block Grant in the Community Based Treatment activity.
\$ 6,895,711	\$ 6,895,711	0	As a result of reductions to inpatient services due to loss of DSH dollars, these funds will be used to enhance community based services as an alternative to provide the most cost effective level of care in the Community Based Treatment activity.
\$ 1,687,500	\$ 1,687,500	0	Funding for Assertive Community Teams and Forensic Assertive Community Teams in the Community Based Treatment activity.
\$ 825,000	\$ 825,000	0	As part of the effort to enhance community based services due to the loss of Disproportionate Share Hospital funding, these funds will be used for Intensive Case Management services in the Community Based Treatment activity.
\$ 1,484,519	\$ 1,484,519	0	As part of the effort to enhance community based services due to the loss of Disproportionate Share Hospital funding, these funds will be used for a Secure Forensic Facility in the Hospital Based Treatment activity.
\$ 43,450,037	\$ 58,295,962	458	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 43,450,037	\$ 58,295,962	458	Base Executive Budget FY 2010-2011
\$ 43,450,037	\$ 58,295,962	458	Grand Total Recommended



Professional Services

Amount	Description
\$19,500	Consulting and temporary services
\$2,500	Audiologist: patient treatment
\$4,800	Patient care consultant
\$1,590,057	Other professional services/consultants
\$5,000	Therapist: equine therapy
\$17,500	Contract to provide neurological services
\$6,192	"The Extra Mile": patient library, food pantry, and clothes closet.
\$70,752	Chaplains to provide pastoral visitations and conduct religious services for patients at the hospital.
\$25,000	Dentist: patient treatment
\$3,840	EEG technician: patient treatment
\$11,700	Interpreter: patient treatment
\$5,200	Medical services: patient treatment
\$25,200	Occupational therapist: patient treatment
\$139,211	Physician services: patient treatment
\$43,000	Psychiatric admin services: patient treatment
\$97,194	Psychiatric services: patient treatment
\$281,700	Psychological services: patient treatment
\$11,880	Recreation therapist: patient treatment
\$10,000	Speech therapy: patient treatment
\$50,000	Law Enforcement Services - Security
\$120,852	Medical and Dental
\$2,541,078	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$4,144,225	Crisis services are provided to the public via 24 hour crisis line, mobile crisis response services or crisis intervention.
\$1,609,052	Mental health treatment services which comprise the continuum of community based mental health treatment.
\$423,747	Residential services which assist consumers of mental health services to find, get and keep housing so they may successfully live in the community.
\$501,247	Consumer care resources: community care funds and consumer resource centers to meet others, pick up mail, initiate job searches, and engage in self-help activities
\$52,740	Adult employment provides consumer positions in the Office of Mental Health, parent liaisons, employment/development programs (including job search, placement and retention services) and employment related support groups
\$180,730	Respite: Community based activities designed to assist families in taking advantage of resources and opportunities available for children and youth with emotional and behavioral disorders and to keep these children in the community and in school
\$974,317	Other family support services is designed to promote and strengthen the abilities of consumers, family members of adult consumers, and families of children and youth.
\$699,865	Other contracted services, includes planning operations, consumer initiated programs, transportation, human resource development, Regional Advisory Council development, and comprehensive community programs.
\$259,290	Family subsidy provides monthly subsidies to families to keep emotionally disturbed/disordered children in the home and to prevent outplacement (hospital, foster home, group home).
\$35,000	Clients - this program pays client workers.

Other Charges (Continued)

Amount	Description
\$404,167	Assertive community treatment operates in a team approach providing intensive, comprehensive, multi-disciplinary, mobile community based treatment for children and youth with emotional and behavioral disorders who are at risk of out of home placement.
\$6,000	Fire protection
\$3,018,204	Housing - Supervised Independent Living, Intensive Supervised Residential Beds, Crisis Respite
\$12,308,584	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$2,551,057	Payment to the Office of Risk Management
\$35,124	Payment of fees to the Legislative Auditor
\$81,092	Payment to the Department of State Civil Service
\$26,726	Payment to the Uniform Payroll System for payroll processing
\$12,712	Payment to the Comprehensive Public Training Program for services
\$201,975	Payment for Telecommunication services
\$1,000	Printing Fees
\$3,143	Commodities and Services
\$39,904	Administrative Indirect costs
\$213,878	Payment for telecommunication services
\$11,090	Printing
\$2,915	Commodities and Services
\$3,180,616	SUB-TOTAL INTERAGENCY TRANSFERS
\$15,489,200	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$518,036	Funding for the replacement and repairs of obsolete, inoperable, or damaged equipment, vehicles, and buildings.
\$518,036	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

- (KEY) By June 30, 2011, through the Hospital-Based Treatment activity, Area C will improve behavioral health outcomes of intermediate inpatient care; Identify community living plans for 125 discharge-ready patients and ensure that at least 25 discharge ready patients are identified and have community living plans developed at the time of discharge.**

State Outcome Goals Link: 7 - Health The OMH Activities are designed as a comprehensive programmatic and fiscal redesign of OMH operations over a 3-5 year budget cycle. The principle features of the redesign are as follows: (1) realignment/design of community programs to take advantage of other Medicaid funding streams over a 3-5 year budget cycle; (2) eliminate 125 psych inpatient beds and save DSH Medicaid funds which will convert to funding community programs other different Medicaid programs; (3) requires bridge funding for 2 budget cycles to complete close down of beds and implementation of community programs and funding structure. The community programs must be in place before the patients in the hospitals beds can be discharged and the beds closed. The budget associated with this activity is the continuation of existing opera-



tions at Central Louisiana State Hospital (CLSH). CLSH operates 132 (16 adolescent and 116 adult) intermediate level inpatient beds. The adult beds are separated into 60 civil beds and 56 civil beds dedicated to patients with forensic involvement. CLSH also serves as the primary shelter and acute care surge site during major disasters requiring evacuation of acute care hospitals operated by public agencies, and serves as a major staging area for emergency operations. CLSH is the only intermediate care public psychiatric hospital in the central, southwest and northern parishes. CLSH primarily serves the DHH Administrative Regions 5, 6, 7, and 8. During FY 2011 OMH will issue an RFP to determine the feasibility of privatizing CLSH forensic functions and building of a forensic inpatient facility.

Children's Budget Link: Child/adolescent services are linked via the budget to the goals of the Children's Cabinet.

Human Resource Policies Beneficial to Women and Families Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Healthy People 2010: Goal 18 in Healthy People 2010 links directly to the Office of Mental Health: Improve mental health and ensure access to appropriate, quality mental health services.

Explanatory Note: Central Louisiana State Hospital (CLSH)

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2008-2009	FY 2008-2009	FY 2009-2010	FY 2009-2010	FY 2010-2011	FY 2010-2011
K	Percentage of adults discharged from a state hospital and readmitted within 30 days of discharge (LAPAS CODE - New)	Not Available	Not Available	Not Available	6.3%	3.2%	3.2%
K	Number of discharge-ready patients identified and with community living plans developed (LAPAS CODE - New)	Not Available	Not Available	Not Available	25	25	25

2. (KEY) By June 30, 2011, through the Community Based Treatment activity, Area C will increase community penetration rate and reduce reliance on hospitalization with provision of local crisis services (Act 477), and ensure that the utilization rate for the community will be at least 8.1 per 1,000 population.

State Outcome Goals Link: 7. Health - This proposal specifically responds to each of the five Health review criteria: Assertive Community Treatment (ACT) for adults, Multi-systemic therapy (MST) and Functional Family Therapy (FFT) demonstrate better outcomes than traditional psychotherapy and institutional care. The utilization of outcome-based cognitive behavioral interventions is consistent with effective treatment of exposure to trauma, children and family centered interventions and the Recovery movement for persons with persistent mental disorders and co-occurring conditions of mental illness and addictive disorders. The realignment of services and the management redesign of how services and programs are monitored, emphasizes accountability



with respect to evidence-based standards will use The Level of Care Utilization Survey (LOCUS or CALOCUS), which is recognized as the practice standard across public sector managed care systems in many states. Evidence for accountability is linked to measures of consumer satisfaction and treatment outcomes related to individual functioning. To take advantage of current levels of expertise, staffing patterns, resources, service distribution, and service needs the following structure for community services is being proposed. It is proposed that the traditional outpatient mental health clinic (MHC) as it now operates will be transformed into more clearly defined set of service delivery programs. This will allow our current population of consumers to be more efficiently served, increase service access and integration with primary care treatment models. The Recovery Service Center (RSC) is a specialty MHC that will provide a comprehensive array of services for consumers whose Level of Care is High Intensity Community Based Services).

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): Healthy People 2010: Goal 18 in Healthy People 2010 links directly to the Office of Mental Health: Improve mental health and ensure access to appropriate, quality mental health services.

Explanatory Note: The Area C Office of Mental Health Program provides community based services in the DHH Regions 6, 7, and 8. This includes all parishes within central and north Louisiana.

Performance Indicators

L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Indicator Values			
				Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Community utilization rate per 1,000 population (LAPAS CODE - New)	Not Available	Not Available	Not Available	8.1%	8.1%	8.1%
K	State hospital utilization rate per 1,000 populations (LAPAS CODE - New)	Not Available	Not Available	Not Available	0.2%	0.2%	0.2%



Mental Health Area C General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Community Treatment and Support - Percentage of adult prevalence population served in Community Mental Health Centers (LAPAS CODE - 13750)	33.8%	35.1%	31.3%	27.1%	28.5%
Community Treatment and Support - Percentage of children/adolescents prevalence population served (LAPAS CODE - 12095)	6.00%	6.10%	5.25%	5.09%	4.98%
Community Treatment and Support - Percentage of community mental health centers licensed (LAPAS CODE - 11281)	100%	100%	100%	100%	100%
Inpatient Care (Adults) - Total adults served (LAPAS CODE - 11467)	157	210	133	138	142
Inpatient Care (Adults) - Average daily census (LAPAS CODE - 10124)	120.95	121.65	111.86	113.23	112.82
Inpatient Care (Adults) - Average length of stay in days (LAPAS CODE - 10123)	279.41	211.45	260.06	281.92	290.01
Inpatient Care (Adults) - Average daily occupancy rate (LAPAS CODE - 10125)	91.71%	88.04%	96.43%	97.61%	97.26%
Inpatient Care (Adolescents/Children) - Total persons served (LAPAS CODE - 11505)	81	57	55	86	78
Inpatient Care (Adolescents/Children) - Average daily census (LAPAS CODE - 10130)	10.95	8.58	10.03	9.43	14.22
Inpatient Care (Adolescents/Children) - Average length of stay in days (LAPAS CODE - 10129)	49.95	54.96	66.56	40.15	66.54
Inpatient Care (Adolescents/Children) - Average daily occupancy rate (LAPAS CODE - 10131)	68.4%	53.7%	62.7%	43.8%	72.0%
Inpatient Care (Overall) - Average daily census (LAPAS CODE - 11430)	131.90	130.24	121.89	122.66	127.00
Inpatient Care (Overall) - Average daily occupancy rate (LAPAS CODE - 8099)	89.2%	84.5%	92.3%	89.2%	93.6%



330_A000 — Auxiliary Account

Program Authorization: Executive Reorganization Act; R.S. 38:259 (c); Mental Health Law; R.S. 28:1 et. seq.

Program Description

The Auxiliary program in the Office of Mental Health contains the following accounts:

- The Patient Recreation and Rehabilitation Home Fund Account - Provides therapeutic activities to patients as approved by the treatment teams.
- The Workshops and Training Account - Provides educational training for health service providers' employees.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$0	\$85,000	0	Auxiliary Account - Fees generated from patient activities.
		0	NON T.O. FTE Ceiling Recommended for FY 2010-2011
\$0	\$85,000	0	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Auxiliary Account Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	85,000	85,000	85,000	85,000	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 0	\$ 85,000	\$ 85,000	\$ 85,000	\$ 85,000	\$ 0
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0



Auxiliary Account Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Other Charges	0	85,000	85,000	85,000	85,000	0
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 0	\$ 85,000	\$ 85,000	\$ 85,000	\$ 85,000	\$ 0
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The Auxiliary Account is funded from Fees and Self-generated Revenues. Self-generated Revenues are generated by the sale of patient's goods, fees from the annual symposium, and through donations and must be used for education purposes.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 0	\$ 85,000	0	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
\$ 0	\$ 85,000	0	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 0	\$ 85,000	0	Base Executive Budget FY 2010-2011
\$ 0	\$ 85,000	0	Grand Total Recommended



Professional Services

Amount	Description
	This program does not have funding for Professional Services for Fiscal Year 2010-2011.

Other Charges

Amount	Description
	Other Charges:
\$75,000	These funds are used to purchase equipment and items for group homes
\$10,000	These funds are used for seminars, classes and continuing education programs
\$85,000	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	This program does not have funding for Interagency Transfers for Fiscal Year 2010-2011.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$85,000	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.



09-340 — Office for Citizens w/Developmental Disabilities



Agency Description

The mission of the Office for Citizens with Developmental Disabilities is to provide quality services and supports, information, and opportunities for choice to people of Louisiana with developmental disabilities and their families.

The goals of the Office for Citizens with Developmental Disabilities are:

- I. To provide a Developmental Disabilities Services System which afford people with information about what services and supports are available and how to access the services system; timely completion of the system entry process; and timely access to the start of services and supports, with access and service delivery based on a needs-based assessment.
- II. To provide a person-centered planning process which focuses on the person's goals and desires; addresses quality of life; affords choice; responds to a person's changing needs; supports the person to learn and to be independent; identifies and mitigates risks; and meets the person's needs.
- III. To increase the capacity of the Developmental Disabilities System through the development of a coordinated process to identify promising practices and other capacity building initiatives and implementation of strategies to address identified state-wide system needs.
- IV. To implement an integrated, full-scale data-driven quality enhancement system that provides structure and processes in defining the role of data analysis including: feedback from all stakeholders and review of the provision of developmental disabilities services/ programs.

The Office for Citizens with Developmental Disabilities consists of eight programs:

- Administration and General Support
- Community-Based Support
- Greater New Orleans Supports and Services Center
- North Lake Supports and Services Center

- Northwest Supports and Services Center
- Pincrest Supports and Services Center
- Acadiana Region Supports and Services Center
- Auxiliary Account

For additional information, see:

[Office for Citizens w/Developmental Disabilities](#)

[Federal Centers for Disease Control \(CDC\)](#)

[National Assoc.of State Develop.Disab.Services](#)

Office for Citizens w/Developmental Disabilities Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 39,163,843	\$ 20,011,047	\$ 20,011,047	\$ 33,441,915	\$ 33,935,487	\$ 13,924,440
State General Fund by:						
Total Interagency Transfers	234,974,201	253,630,852	254,005,736	243,364,533	206,921,204	(47,084,532)
Fees and Self-generated Revenues	4,992,278	10,701,662	10,701,662	10,872,541	9,596,694	(1,104,968)
Statutory Dedications	949,288	1,391,480	1,391,480	1,391,480	1,391,480	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	990,825	6,933,609	9,834,501	9,892,704	9,855,478	20,977
Total Means of Financing	\$ 281,070,435	\$ 292,668,650	\$ 295,944,426	\$ 298,963,173	\$ 261,700,343	\$ (34,244,083)
Expenditures & Request:						
Administration and General Support	\$ 5,004,022	\$ 4,851,157	\$ 4,851,157	\$ 5,036,684	\$ 2,971,742	\$ (1,879,415)
Community-Based	41,489,036	43,104,515	46,025,321	45,214,925	48,068,625	2,043,304
Greater New Orleans Supports and Services Center	18,380,230	13,877,840	13,897,607	14,235,770	12,930,482	(967,125)
North Lake Supports and Services Center	51,966,270	55,878,214	55,878,214	57,115,735	48,662,953	(7,215,261)
Northwest Supports and Services Center	36,388,794	37,769,914	37,804,545	38,304,976	29,880,988	(7,923,557)
Pincrest Supports and Services Center	110,643,625	119,598,535	119,708,363	121,418,528	101,814,566	(17,893,797)
Acadiana Region Supports and Services Center	16,202,108	16,393,841	16,584,585	16,435,167	16,172,459	(412,126)
Auxiliary Account	996,350	1,194,634	1,194,634	1,201,388	1,198,528	3,894



Office for Citizens w/Developmental Disabilities Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Expenditures & Request	\$ 281,070,435	\$ 292,668,650	\$ 295,944,426	\$ 298,963,173	\$ 261,700,343	\$ (34,244,083)
Authorized Full-Time Equivalents:						
Classified	4,104	4,002	4,002	3,859	2,955	(1,047)
Unclassified	42	42	42	42	36	(6)
Total FTEs	4,146	4,044	4,044	3,901	2,991	(1,053)



340_1000 — Administration and General Support

Program Authorization: R.S. 28:451.1-455.1 and R.S. 28:821-824.

Program Description

The mission of the Administration and General Support Program is to provide effective and responsive leadership in the administration and enhancement of the Developmental Disabilities Services System in order for people with developmental disabilities to receive information, opportunities for choice, and quality supports and services.

The goal of the Administration and General Support Program is to provide system design, policy direction, and operational oversight to the Developmental Disabilities Services System in a manner which promotes person-centeredness, promising practices, accountability, and cost effectiveness.

The Administration and General Support Program includes one activity: OCDD Central Office Administrative Services.

This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities, including its Community Services Regional Offices and Waiver Services, and provides direction and oversight to these offices in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to state-operated Supports and Services Centers as they exercise their mandates under state law.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$2,839,531	\$2,971,742	16	Administrative - provide administration, support services to the agency.
		2	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$2,839,531	\$2,971,742	18	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Administration and General Support Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 4,391,022	\$ 4,655,261	\$ 4,655,261	\$ 4,835,902	\$ 2,839,531	\$ (1,815,730)
State General Fund by:						
Total Interagency Transfers	0	195,896	195,896	200,782	132,211	(63,685)



Administration and General Support Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	613,000	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 5,004,022	\$ 4,851,157	\$ 4,851,157	\$ 5,036,684	\$ 2,971,742	\$ (1,879,415)

Expenditures & Request:

Personal Services	\$ 3,623,506	\$ 3,801,973	\$ 3,801,973	\$ 3,975,218	\$ 2,223,152	\$ (1,578,821)
Total Operating Expenses	87,236	168,589	168,589	169,080	73,589	(95,000)
Total Professional Services	0	93,812	93,812	95,389	0	(93,812)
Total Other Charges	1,271,965	786,783	786,783	776,497	654,501	(132,282)
Total Acq & Major Repairs	21,315	0	0	20,500	20,500	20,500
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 5,004,022	\$ 4,851,157	\$ 4,851,157	\$ 5,036,684	\$ 2,971,742	\$ (1,879,415)

Authorized Full-Time Equivalents:

Classified	36	32	32	32	15	(17)
Unclassified	1	1	1	1	1	0
Total FTEs	37	33	33	33	16	(17)

Source of Funding

The Administration and General Support Program is funded with State General Fund and Statutory Dedication. The Statutory Dedication is the Overcollections Fund (RS 39:100.21). (Per R.S. 39.36B. (8), see table below for a listing of expenditures out of each Statutory Dedicated Fund.)

Administration and General Support Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Overcollections Fund	613,000	0	0	0	0	0



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 4,655,261	\$ 4,851,157	33	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
84,577	84,577	0	State Employee Retirement Rate Adjustment
20,500	20,500	0	Acquisitions & Major Repairs
(19,326)	(19,326)	0	Risk Management
1,781	1,875	0	Rent in State-Owned Buildings
6,806	7,165	0	Maintenance in State-Owned Buildings
Non-Statewide Major Financial Changes:			
(1,910,068)	(1,974,206)	(17)	Transfer the waiver management activity from the Administrative Program to the Community-Based program
\$ 2,839,531	\$ 2,971,742	16	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 2,839,531	\$ 2,971,742	16	Base Executive Budget FY 2010-2011
\$ 2,839,531	\$ 2,971,742	16	Grand Total Recommended

Professional Services

Amount	Description
	This program does not have funding for Professional Services for Fiscal Year 2010-2011.

Other Charges

Amount	Description
Other Charges:	
\$75,476	Consumer Directive Services
\$75,476	SUB-TOTAL OTHER CHARGES
Interagency Transfers:	
\$27,800	Office of Telecommunications Management (OTM) Fees
\$73,526	Maintenance of state building
\$332,215	RENT
\$145,484	Office of Risk Management (ORM)



Other Charges (Continued)

Amount	Description
\$579,025	SUB-TOTAL INTERAGENCY TRANSFERS
\$654,501	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$20,500	Replacement of computers, printers etc.
\$20,500	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

- 1. (KEY) Through the OCDD Central Office Administrative Services activity, to provide administrative, programmatic and support functions to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective/efficient service delivery.**

State Outcome Goal Link: The Central Office Administrative Services mission is consistent with the goal of Better Health.

Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for supports and services center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.

Other Links: (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus area: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term needs who have access to the continuation of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities; 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.



Performance Indicators

L e v e l	Performance Indicator Name	Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Indicator Values			
				Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of all providers of New Opportunities Waiver services trained on person-centered planning (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	75%	75%
K	Percentage of Supports and Service Centers' overall transition goal met (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	80%	80%
K	Average annual cost of services for people in the New Opportunities Waiver (LAPAS CODE - New)	Not Applicable	\$ 65,585	Not Applicable	Not Applicable	\$ 59,190	\$ 59,190



340_2000 — Community-Based

Program Authorization: R.S. 28:451.1-455.1 and R.S. 28:821 - 824.

Program Description

The mission of the Community-Based Support Program is to effectively implement the Office's community-based programs in a manner that is responsive to people with developmental disabilities and their families.

The goals of the Community-Based Support Program are:

- To manage the delivery of individualized community-based supports and services through assessment, information/choice, planning, and referral, in a manner that affords opportunities for people with developmental disabilities to achieve their personally defined outcomes in the pursuit of quality of life, well-being and meaningful relationships.
- To increase community provider capacity through the provision of opportunities for training, technical assistance, and consultation based on the identified needs of people with developmental disabilities.

The Community-Based Support Program includes the following activities:

- OCDD Central Office Community Program Development and Management - This activity provides state-wide oversight and management of the delivery of individualized community-based supports and services, including Home and Community-based Services (HCBS) waivers, through assessment, information/choice, planning, and referral, in a manner which affords opportunities for people with developmental disabilities to achieve their personally defined outcomes and goals. Community-based services and programs include, but are not limited to, Cash Subsidy, Individual & Family Support, State-Funded Case Management, Pre-Admission Screening & Annual Resident Review (PASARR), Single Point of Entry, EarlySteps, and waivers (New Opportunities Waiver, Children's Choice Waiver, and Supports Waiver).
- OCDD Regional Office Community Programs and Management - This activity provides regional level oversight and management of the delivery of individualized community-based supports and services, including Home and Community-based Services (HCBS) waivers, through assessment, information/choice, planning, and referral, in a manner which affords opportunities for people with developmental disabilities to achieve their personally defined outcomes and goals. Community-based services and programs include, but are not limited to, Cash Subsidy, Individual & Family Support, State-Funded Case Management, Pre-Admission Screening & Annual Resident Review (PASARR), Single Point of Entry, EarlySteps, and waivers (New Opportunities Waiver, Children's Choice Waiver, and Supports Waiver).
- EarlySteps: Identifying and providing services to infants and toddlers with disabilities - This activity provides for Louisiana's early intervention system for children with disabilities and developmental delays ages birth to three and their families. Services provided through this program include: audiology, speech-language therapy, occupational therapy, physical therapy, special instruction, assistive technology, service coordination, medical evaluation, health services, nursing services, vision services, social work services, psychology services, family training, nutritional services, and transportation.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$7,619,124	\$19,000,409	16	Early Steps - provide support services to 0-3 years old infants/toddlers with disabilities to minimize potential for developmental delay.
\$1,990,658	\$4,365,834	36	Community Management - manage the statewide community programs and waiver services.
\$16,957,322	\$24,709,180	174	Regional Office - provide regional community and waiver services. It consists of 9 regional offices statewide.
		10	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$26,567,104	\$48,075,423	236	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Community-Based Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 26,507,602	\$ 11,230,751	\$ 11,230,751	\$ 23,625,426	\$ 26,560,306	\$ 15,329,555
State General Fund by:						
Total Interagency Transfers	12,284,246	22,023,100	22,043,014	8,750,606	8,709,753	(13,333,261)
Fees and Self-generated Revenues	1,802,394	1,815,394	1,815,394	1,844,528	1,841,427	26,033
Statutory Dedications	193,788	1,391,480	1,391,480	1,391,480	1,391,480	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	701,006	6,643,790	9,544,682	9,602,885	9,565,659	20,977
Total Means of Financing	\$ 41,489,036	\$ 43,104,515	\$ 46,025,321	\$ 45,214,925	\$ 48,068,625	\$ 2,043,304
Expenditures & Request:						
Personal Services	\$ 13,099,554	\$ 15,340,757	\$ 15,340,757	\$ 16,235,367	\$ 16,857,893	\$ 1,517,136
Total Operating Expenses	1,084,351	1,217,115	1,217,115	1,229,112	1,443,252	226,137
Total Professional Services	4,091,640	3,598,666	3,598,666	3,275,788	3,772,228	173,562
Total Other Charges	23,090,245	22,882,176	25,783,068	24,367,857	25,888,451	105,383
Total Acq & Major Repairs	123,246	65,801	85,715	106,801	106,801	21,086
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 41,489,036	\$ 43,104,515	\$ 46,025,321	\$ 45,214,925	\$ 48,068,625	\$ 2,043,304



Community-Based Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Authorized Full-Time Equivalents:						
Classified	236	224	224	224	224	0
Unclassified	2	2	2	2	2	0
Total FTEs	238	226	226	226	226	0

Source of Funding

The Community-Based Support Program is funded with State General Fund, Interagency Transfers, Statutory Dedications and Fees and Self-generated Revenues. Interagency Transfers include Title XIX funds received from the Department of Health and Hospitals, Office of the Secretary, for services provided to Medicaid-eligible clients. The Statutory Dedications are New Opportunities Waiver (NOW) Fund and Overcollections Fund (RS 39:100.21). (Per R.S. 39.36B. (8), see table below for a listing of expenditures out of each Statutory Dedicated Fund.) The Fees and Self-generated Revenues are derived from the sale of Lions Club license plates.

Community-Based Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
New Opportunities Waiver (NOW) Fund	0	1,391,480	1,391,480	1,391,480	1,391,480	0
Overcollections Fund	193,788	0	0	0	0	0

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 11,230,751	\$ 46,025,321	226	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
4,507	4,507	0	Civil Service Training Series
420,145	518,118	0	State Employee Retirement Rate Adjustment
472,265	472,265	0	Salary Base Adjustment
(37,340)	(37,340)	0	Attrition Adjustment
(88,344)	(88,344)	(1)	Personnel Reductions
0	106,801	0	Acquisitions & Major Repairs
0	(65,801)	0	Non-Recurring Acquisitions & Major Repairs
0	(19,914)	0	Non-recurring Carryforwards
6,787	6,787	0	Civil Service Fees



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
(13,585)	(13,585)	0	CPTP Fees
Non-Statewide Major Financial Changes:			
(450,000)	(450,000)	0	Non-recr funding for the Louisiana Assistive Technology Access Network (LATAN). This is a pass through project.
0	(75,000)	0	Non-recr funding for the preventive dental services from Medicaid overcollections. This is a pass through project.
2,910,543	0	0	Means of financing substitution to replace the Social Services Block Grant (SSBG) from Medicaid with State General Fund in the early steps activity
10,483,905	0	0	Means of financing substitution to replace the Social Services Block Grant (SSBG) from Medicaid with State General Fund in the regional offices activity
1,910,068	1,974,206	17	Transfer the waiver management activity from the Administrative Program to the Community-Based program
(443,578)	(443,578)	0	Transfer the family support funds from the Administrative Program to the Medicaid Vendor Payments as the state match of the Children's Choice slots
0	0	(16)	Transfer 16 T.O. FTE positions to the South Central Human Services Authority as Non T.O. FTE positions. The funding is moved from personal services to IAT expenditure category
173,562	173,562	0	Funding for medical and dental services in regional offices activity
(19,380)	(19,380)	0	Non-recr one-time funding for Special Legislative Projects (SLP)
\$ 26,560,306	\$ 48,068,625	226	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 26,560,306	\$ 48,068,625	226	Base Executive Budget FY 2010-2011
\$ 26,560,306	\$ 48,068,625	226	Grand Total Recommended

Professional Services

Amount	Description
\$3,772,228	Medical & dental services to community-support residents
\$3,772,228	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
Other Charges:	
\$325,353	Vocational & Habilitative Services (Adult Habilitation) - sheltered workshops, mobile work crews, enclaves and long-term supports for persons working in regular jobs



Other Charges (Continued)

Amount	Description
\$270,000	Training services provided (to day care centers, family day care homes, and school programs) on topics such as health and safety issues, understanding child development and creating educational environments for children with developmental disabilities. Training for family members include topics such as child development, specific training around disability issues, training on what to expect in the development of the Individual Support Plan.
\$2,555,395	Cash subsidy - Community and Family Support (Act 378 of 1989) - provides funds in the amount of \$258 per month to families with children with severe disabilities to help offset the extraordinary expenses associated with the care of children with severe disabilities. Cash Subsidy slots are assigned from a centralized waiting list to ensure that all families are served in their strict date-order of application and eligibility.
\$5,407,931	Individual and Family Support - Enable individuals with developmental disabilities through supports and services to remain in a home of their choice in the community. Supports include environmental modifications, medical and adaptive equipment and supplies, help with utility bills, etc. Services are identified by the person or family member needing support. It could include respite care services, supported living, personal care attendant, etc. Also included are the support parents program, information and referral services, funds for New Opportunities Waiver Transitional expenses.
\$310,382	Guardianship Services - Provide guardians to make medical, financial, and legal decisions for individuals when no family member is available
\$13,016,567	Specialized Services - Include diagnosis and evaluation, early steps services, residential services, preventive dentistry, staff and provider trainings, and a community resource center focusing on personal outcomes, person-centered planning, relationship/friendship building, health and wellness, employment, housing and transportation.
\$21,885,628	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$30,828	Office of Telecommunications Management (OTM) Fees
\$91,867	Governor's Office - State Interagency Coordinating Council for Early Steps
\$86,148	State building & ground
\$58,898	Civil Services Fees
\$3,941	CPTP
\$499,352	Capital Area Human Services District - provides community-based services for the developmentally disabled population
\$267,108	Jefferson Parish Human Services Authority - provides community-based services for the developmentally disabled population
\$113,500	Metropolitan Human Services District - provides community-based services for the developmentally disabled population
\$500,832	Florida Parishes Human Services Authority - provides community-based services for the developmentally disabled population
\$2,350,349	South Central Human Services Authority
\$4,002,823	SUB-TOTAL INTERAGENCY TRANSFERS
\$25,888,451	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$106,801	Replacement of copy machines, computers etc.
\$106,801	TOTAL ACQUISITIONS AND MAJOR REPAIRS



Performance Information

1. (KEY) Through the OCDD Central Office Community Program Development and Management activity, to provide effective/efficient management and delivery of statewide Community Program/Services and Waiver Programs through OCDD's Central Office supervision to five Regional Community Offices and nine Regional Waiver Units to optimize the use of community-based care while decreasing reliance on more expensive institutional care.

State Outcome Goal Link: The Central Office Community Program Development and Management mission is consistent with the goal of Better Health.

Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for supports and services center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities; 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of people on the Request for Services Registry (LAPAS CODE - New)	Not Applicable	9,287	Not Applicable	Not Applicable	9,250	9,250
K	Percentage of utilization of all waiver opportunities (slots) which become available through funding allocation or conversion of ICF/DD beds (LAPAS CODE - New)	Not Applicable	83%	Not Applicable	Not Applicable	95%	95%
K	Percentage of available state general funding utilized annually for developmental disability community-based services (LAPAS CODE - 22480)	90.00%	95.20%	90.00%	90.00%	95.00%	95.00%
K	Percentage of increase in people reporting an overall improvement in health and safety and/or quality of life post-implementation of the OCDD Guidelines for Planning, electronic Individual Service Plan (ISP), and Support Intensity Scale/Louisiana Plus needs-based assessment tools (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	5%	5%

Community-Based General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Number of allocated New Opportunities Waiver (NOW) slots (LAPAS CODE - 7964)	4,642	4,742	5,042	6,542	8,682
Number of allocated Children's Choice Waiver slots (LAPAS CODE - 12055)	800	800	800	1,000	1,050
Number of allocated Supports Waiver slots (LAPAS CODE - 22240)	Not Applicable	Not Applicable	2,088	2,188	2,050
Number of allocated Residential Options Waiver (ROW) slots (LAPAS CODE - 22265)	Not Applicable	Not Applicable	Not Applicable	200	210



2. (KEY) Through the OCDD Regional Community Programs and Management activity, to provide effective/efficient regional level management and delivery of Community Programs/Services and Waiver Programs through OCDD's five Regional Community Offices and nine Regional Waiver Units to optimize the use of community-based care while decreasing reliance on more expensive institutional care.

State Outcome Goal Link: The Regional Community Programs and Management mission is consistent with the goal of Better Health.

Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for supports and services center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.

Other Links: (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities; 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Percentage of Individual Support Plans (ISPs) completed for New Opportunities Waiver (NOW) participants utilizing Support Intensity Scale/Louisiana Plus Assessments (LAPAS CODE - 22473)	90%	100%	90%	90%	98%	98%
S	Percentage of available cash subsidy stipends utilized in accordance with the Community and Family Support Act (LAPAS CODE - 22481)	90%	100%	90%	90%	95%	95%
K	Percentage of persons referred for Single Point of Entry (SPOE) evaluations assessed within the mandated timelines (LAPAS CODE - 22474)	83%	96%	83%	83%	95%	95%
S	Percentage of people surveyed reporting they had overall satisfaction with services received (LAPAS CODE - 22461)	80%	96%	80%	80%	90%	90%
S	Percentage of people surveyed reporting that they had choice in the services they received (LAPAS CODE - 22462)	80%	94%	80%	80%	90%	90%

3. (KEY) Through the Early Steps activity, to provide supports to infants and toddlers with disabilities and their families in order to minimize the potential for developmental delay, to reduce educational costs by minimizing the need for special education/related services after reaching school age, and to progress to the level of current national standards.

State Outcome Goal Link: The Early Steps mission is consistent with the goal of Better Health.

Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for supports and services center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.



Other Links: (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities; 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		S	Number of children served (LAPAS CODE - 17062)	6,492	6,600	6,492	6,592
S	Average cost per child served (LAPAS CODE - 22484)	\$ 3,559	\$ 3,559	\$ 3,559	\$ 3,559	\$ 3,559	\$ 3,559
1. The number of children served is the direct count of the actual number of children provided services. The average cost per child served is the total cost divided by children served. These performance indicators will be used to track increasing enrollment and family participation. The data is gathered at 19 System Points of Entry (SPOE) throughout the state. The Early Steps staff verify, compile and submit data for performance indicators. The continuous Improvement and Focus Monitoring System will ensure services are provided in accordance to state and federal policies. 2. Performance indicators have been adjusted for population decrease and reduction in expenditures for services in aftermath of Hurricane Katrina and Rita.							
K	Percentage of children not requiring special education and related services upon school entry (LAPAS CODE - New)	Not Applicable	32%	Not Applicable	Not Applicable	35%	35%



340_3000 — Greater New Orleans Supports and Services Center

Program Authorization: R.S. 28:380-444

Program Description

The mission of the Greater New Orleans Supports and Services Center is to support people with developmental disabilities with quality of life and the attainment of personal goals.

The goal of the Greater New Orleans Supports and Services Program is to transform Greater New Orleans Supports and Services Center into a center that supplies individually determined supports and services to people with developmental disabilities through a growing and diverse range of community options and resources operated and/or provided by the center.

The Greater New Orleans Supports and Services Center Program includes the following activities:

- Bayou Region Supports and Services Center - The activity includes transition of individuals to Private Providers, along with transition of a number of community residential programs to include community homes, Supported Independent Living, and Extended Family Living programs operated by the center. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.
- Greater New Orleans - Community Resources/Resource Center/Community Support Teams - This activity directs and manages the Greater New Orleans Resource Center, including the Community Support Teams and Psychologists, which provide training, consultation, and technical assistance to service and caregiver resources in the community (i.e., private support staff agencies, community homes, families, and schools) to meet the behavior and psychiatric support needs of persons with disabilities in existing community settings and avoid institutional placement. The activity uses public resources to expand private service capacity and assist the private sector in meeting higher, needed standards of care for people with disabilities.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$134,991	\$8,282,744	48	Bayou Region Supports and Services Center - downsizing of institutional services and transition of a number of community residential programs
\$3,999,853	\$4,647,738	50	Resource Center - provide training, consultation and technical assistance to caregiver resources such as private staff agencies, families and schools to serve people with disabilities in the community.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$4,134,844	\$12,930,482	98	Grand Total of Activities Recommended including Non T.O. FTE Ceiling



Greater New Orleans Supports and Services Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 8,009,205	\$ 3,724,229	\$ 3,724,229	\$ 4,579,781	\$ 4,134,844	\$ 410,615
State General Fund by:						
Total Interagency Transfers	10,371,025	9,218,447	9,238,214	8,585,834	7,809,449	(1,428,765)
Fees and Self-generated Revenues	0	935,164	935,164	1,070,155	986,189	51,025
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 18,380,230	\$ 13,877,840	\$ 13,897,607	\$ 14,235,770	\$ 12,930,482	\$ (967,125)
Expenditures & Request:						
Personal Services	\$ 13,201,961	\$ 8,618,078	\$ 8,618,078	\$ 9,144,053	\$ 7,901,149	\$ (716,929)
Total Operating Expenses	1,928,149	1,923,409	1,923,409	1,947,765	1,973,409	50,000
Total Professional Services	657,576	1,000,000	1,000,000	1,038,028	1,000,000	0
Total Other Charges	2,344,192	2,219,271	2,219,271	2,086,945	2,036,945	(182,326)
Total Acq & Major Repairs	248,352	117,082	136,849	18,979	18,979	(117,870)
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 18,380,230	\$ 13,877,840	\$ 13,897,607	\$ 14,235,770	\$ 12,930,482	\$ (967,125)
Authorized Full-Time Equivalents:						
Classified	257	183	183	162	98	(85)
Unclassified	0	0	0	0	0	0
Total FTEs	257	183	183	162	98	(85)

Source of Funding

The Greater New Orleans Supports and Services Center Program, including Bayou Region Supports and Services Center, is funded with State General Fund, Interagency Transfers, and Fees and Self-generated Revenue. Interagency Transfers include Title XIX funds received from the Department of Health and Hospitals, Medical Vendor Payments Program, as reimbursement for services provided to Medicaid-eligible residents, and funds from the Department of Education for the Special Milk Program. Fees and Self-generated Revenue includes payments for services provided to patients based on a sliding fee scale, and reimbursement for meals served to employees and visitors.



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 3,724,229	\$ 13,897,607	183	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
0	22,090	0	Civil Service Training Series
0	299,279	0	State Employee Retirement Rate Adjustment
0	(1,038,298)	(85)	Personnel Reductions
0	18,979	0	Acquisitions & Major Repairs
0	(117,082)	0	Non-Recurring Acquisitions & Major Repairs
0	(19,767)	0	Non-recurring Carryforwards
0	(130,278)	0	Risk Management
0	(2,048)	0	Legislative Auditor Fees
Non-Statewide Major Financial Changes:			
855,552	0	0	Means of financing substitution to replace the Social Services Block Grant (SSBG) from Medicaid in the resource center activity
(444,937)	0	0	Means of financing substitution for projected revenue increase from Medicaid that saves State General Fund
\$ 4,134,844	\$ 12,930,482	98	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 4,134,844	\$ 12,930,482	98	Base Executive Budget FY 2010-2011
\$ 4,134,844	\$ 12,930,482	98	Grand Total Recommended

Professional Services

Amount	Description
\$803,206	Resource center medical services
\$196,794	Residential medical services
\$1,000,000	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
Other Charges:	
\$433,651	Provider fees



Other Charges (Continued)

Amount	Description
\$51,266	Gary Melerine
\$193,099	Crisis management - Provide living arrangement for individuals when the demands are such that an alternative to current home living is necessary
\$238,684	Habilitation and medical services
\$916,700	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$51,196	Office of Telecommunications Management (OTM) Fees
\$980,694	Office of Risk Management (ORM)
\$20,000	Division of Administration - State Printing Fees
\$19,079	Legislative Auditor fees
\$49,276	Civil Services Fees
\$1,120,245	SUB-TOTAL INTERAGENCY TRANSFERS
\$2,036,945	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$18,979	Replacement of computers, printers
\$18,979	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

- (KEY) Through the Bayou Region Supports and Services Center activity, to decrease reliance on public institutions by people with developmental disabilities who do not have complex medical/behavioral needs through transition of 20% of the population of Bayou Region Supports and Services Center to private providers, and transition of other center-operated community residential services.**

State Outcome Goal Link: The Bayou Region Supports and Services Center mission is consistent with the goal of Better Health.

Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for Supports and Services Center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families. To accomplish policy priorities, target dollars will be utilized to: build capacity to address complex medical and behavioral problems in community services; and diversify state developmental center and private ICF/DD services into community-based settings.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities/ 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.

Performance Indicators

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2008-2009	FY 2008-2009	FY 2009-2010	FY 2009-2010	FY 2010-2011	FY 2010-2011
K	Census of BRSSC Large ICF/DD Residential (LAPAS CODE - 22491)	28	20	20	20	12	12
K	Census of BRSSC Community Homes (LAPAS CODE - 22494)	18	28	30	30	0	0

2. (KEY) Through the Greater New Orleans Community Resources/Resource Center/Community Support Teams activity, to increase capacity building activities (technical assistance and training) by 10% above existing levels for private community providers, creating private sector community infrastructure to meet the complex needs of persons with developmental disabilities and support diversion of individuals from institutional care.

State Outcome Goal Link: The Greater New Orleans Community Resources/Resource Center/Community Support Teams mission is consistent with the goal of Better Health.

Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for Supports and Services Center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families. To accomplish policy priorities, target dollars will be utilized to: build capacity to address complex medical and behavioral problems in community services; and diversify state developmental center and private ICF/DD services into community-based settings.



Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities; 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		K	Percentage of individuals served by the Community Support Teams (CSTs) and Community Psychologists remaining in the community (LAPAS CODE - New)	Not Applicable	91%	Not Applicable	Not Applicable
K	Number of training, technical assistance, consultations, and training certifications delivered (LAPAS CODE - New)	Not Applicable	3,106	Not Applicable	Not Applicable	4,000	4,000



340_4000 — North Lake Supports and Services Center

Program Authorization: L.R.S. 28:380-444

Program Description

The mission of the North Lake Supports and Services Center Program is to support people with developmental disabilities with quality of life and the attainment of personal goals.

The goals of the North Lake Supports and Services Center Program are:

- I. To transform North Lake Supports and Services Center into a center that supplies individually determined supports and services to people with developmental disabilities through a growing and diverse range of community options and resources operated and/or provided by the center.
- II. To provide residential and related services to people with developmental disabilities in a manner that is efficient, effective and supports choice and quality of life.

The North Lake Supports and Services Center Program includes the following activities:

- Downsizing of North Lake Supports and Services Center through Privatization of Institutional Services - This activity manages one of the state-operated supports and services centers, which are part of Louisiana's continuum of developmental disability services, and implements plans for population downsizing and privatization of its community residential programs. Through implementation of the Office's Plan for Transformation of Public Developmental Centers to Supports and Services Centers (March 2007), the center will transition 20% of its population to community residential options operated by private providers. Additionally, the center will implement a plan to privatize its community residential programs (community homes, Supported Independent Living, and Extended Family Living Programs). The remaining North Lake residents will continue to receive services at the North Lake center. Following Title XIX (Medicaid) regulations, the center's comprehensive services and supports are administered by direct support, professional, health care, support and administrative staff. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.
- North Lake - Community Resources/Resource Center/Community Support Teams - This activity directs and manages the North Lake Supports and Services Center's Resource Center, including the Community Support Team and Psychologist, which provide training, consultation, and technical assistance to service and caregiver resources in the community (i.e., private support staff agencies, community homes, families, and schools) to meet the behavior and psychiatric support needs of persons with disabilities in existing community settings and avoid institutional placement. The activity uses public resources to expand private service capacity and assist the private sector in meeting higher, needed standards of care for people with disabilities.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$0	\$46,294,391	703	Institutional Services - provide institutional health care services to people with developmental disabilities. This supports and services center is located in Hammond.
\$19,556	\$2,368,562	30	Community Services - provide training, consultation and technical assistance to caregiver resources such as private staff agencies, families and schools to serve people with disabilities in the community.
		2	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$19,556	\$48,662,953	735	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

North Lake Supports and Services Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 0	\$ 19,556	\$ 19,556	\$ 19,556	\$ 19,556	\$ 0
State General Fund by:						
Total Interagency Transfers	51,966,270	53,050,520	53,050,520	54,288,041	46,949,842	(6,100,678)
Fees and Self-generated Revenues	0	2,808,138	2,808,138	2,808,138	1,693,555	(1,114,583)
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 51,966,270	\$ 55,878,214	\$ 55,878,214	\$ 57,115,735	\$ 48,662,953	\$ (7,215,261)
Expenditures & Request:						
Personal Services	\$ 38,672,055	\$ 42,546,008	\$ 42,001,556	\$ 44,070,282	\$ 35,791,092	\$ (6,210,464)
Total Operating Expenses	5,410,189	5,317,568	5,317,568	5,390,787	5,317,568	0
Total Professional Services	1,598,921	2,091,106	2,091,106	2,191,479	2,091,106	0
Total Other Charges	5,029,176	5,529,477	5,529,477	5,134,765	5,134,765	(394,712)
Total Acq & Major Repairs	1,255,929	394,055	394,055	328,422	328,422	(65,633)
Total Unallotted	0	0	544,452	0	0	(544,452)
Total Expenditures & Request	\$ 51,966,270	\$ 55,878,214	\$ 55,878,214	\$ 57,115,735	\$ 48,662,953	\$ (7,215,261)
Authorized Full-Time Equivalents:						
Classified	826	825	825	808	718	(107)
Unclassified	15	15	15	15	15	0
Total FTEs	841	840	840	823	733	(107)



Source of Funding

The North Lake Supports and Services Center Program is funded with State General Fund, Interagency Transfers, and Fees and Self-generated Revenue. Interagency Transfers include Title XIX funds received from the Department of Health and Hospitals, Medical Vendor Payments Program, as reimbursement for services provided to Medicaid-eligible residents. Fees and Self-generated Revenue includes reimbursement for employee meals and from residents for services provided based on a sliding fee scale.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 19,556	\$ 55,878,214	840	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
0	101,504	0	Civil Service Training Series
0	919,948	0	State Employee Retirement Rate Adjustment
0	(7,776,368)	(107)	Personnel Reductions
0	328,422	0	Acquisitions & Major Repairs
0	(394,055)	0	Non-Recurring Acquisitions & Major Repairs
0	(388,920)	0	Risk Management
0	(5,792)	0	Legislative Auditor Fees
Non-Statewide Major Financial Changes:			
\$ 19,556	\$ 48,662,953	733	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 19,556	\$ 48,662,953	733	Base Executive Budget FY 2010-2011
\$ 19,556	\$ 48,662,953	733	Grand Total Recommended

Professional Services

Amount	Description
\$815,393	Medical and dental contracts to include such professionals as dentists, dermatologists, gynecologists, neurologists, optometrists, physicians, psychiatrists, psychologists, radiologists, pharmacists, and other professionals as needed for the care of the residents.
\$555,000	Psychiatrist services for the Community Support Team and Resource Center
\$162,576	Psychological services with emphasis on the development of functional assessments which lead to the creation of Behavior Treatment Program
\$297,000	Contractor will provide health support services (sitters) for our hospitalized clients when required by hospital or treating physician. These services will include, but are not limited to, bathing and providing other personal care, changing bed linens, assisting bedridden clients with turning, assisting with ambulation and maintaining a safe environment for the clients.



Professional Services (Continued)

Amount	Description
\$103,235	Nutritional services to provide on-going quality nutritional care to support health and interface with each person's daily routine and personal goals.
\$157,902	Other services as needed to serve the residents of the center and community.
\$2,091,106	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$1,497,104	Long-term care provider fees paid to the Department of Health and Hospitals based on the number of occupied beds
\$321,000	Payments to client who worked for the agency
\$62,022	Crisis management - Provide living arrangement for individuals when the demands are such that an alternative to current home living is necessary
\$44,556	Wages paid for temporary employees from Westaff
\$1,924,682	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$18,147	Office of Telecommunications Management (OTM) Fees
\$2,927,669	Office of Risk Management (ORM)
\$19,872	Legislative Auditor fees
\$24,200	UPS
\$6,191	Division of Administration - State Printing Fees
\$66,236	Civil Services Fees
\$11,674	CPTP
\$136,094	Special School District
\$3,210,083	SUB-TOTAL INTERAGENCY TRANSFERS
\$5,134,765	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$194,055	Replacement of computers, printers, wheelchairs, beds, mattresses, microwaves, refrigerators, recliners, etc.
\$134,367	Major repairs and renovations to bathrooms and bedrooms
\$328,422	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

- 1. (KEY) Through the Downsizing of North Lakes Supports and Services Center activity, to decrease reliance on public institutions by people with developmental disabilities who do not have complex medical/behavioral needs through the transition of 20% of the population of North Lake Supports and Services Center to private providers, and the transition of North Lake community living options to private providers.**

State Outcome Goal Link: The Downsizing of North Lakes Supports and Services Center mission is consistent with the goal of Better Health.

Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for developmental center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families. To accomplish policy priorities, target dollars will be utilized to: build capacity to address complex medical and behavioral problems in community services; and diversify state developmental center and private ICF/DD services into community-based settings.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities; 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of people transitioned from center to private provider community options (LAPAS CODE - 22501)	20	8	20	20	56	56
K	Census of North Lake Supports and Services Center - Community Homes (LAPAS CODE - 22503)	24	20	24	24	0	0
S	Number of accreditation outcomes for Council on Quality and Leadership in Supports for People with Disabilities met (LAPAS CODE - 22499)	13	13	13	13	13	13
1. Minimum of 13 out of 25 outcomes achieves accreditation.							
K	Percentage compliance with all Health Standards' Conditions of participation in each annual review (LAPAS CODE - 22500)	100%	100%	100%	100%	100%	100%

2. (KEY) Through the North Lake - Community Resources/Resource Center/Community Support Teams activity, to increase capacity building activities (technical assistance and training) by 10% above existing levels for private community providers, creating private sector community infrastructure to meet the complex needs of persons with developmental disabilities and support diversion of individuals from institutional care.

State Outcome Goal Link: The North Lake - Community Resources/Resource Center/Community Support Teams mission is consistent with the goal of Better Health.

Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for developmental center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families. To accomplish policy priorities, target dollars will be utilized to: build capacity to address complex medical and behavioral problems in community services; and diversify state developmental center and private ICF/DD services into community-based settings.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.



Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities; 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of individuals served by the Community Support Teams (CSTs) and Community Psychologists remaining in the community (LAPAS CODE - New)	Not Applicable	78%	Not Applicable	Not Applicable	85%	85%
K	Number of training, technical assistance, consultation, and training certifications delivered (LAPAS CODE - New)	Not Applicable	1,997	Not Applicable	Not Applicable	2,310	2,310



340_5000 — Northwest Supports and Services Center

Program Authorization: L.R.S. 28:380-444

Program Description

The mission of the Northwest Supports and Services Center Program is to support people with developmental disabilities with quality of life and the attainment of personal goals.

The goals of the Northwest Supports and Services Center Program are:

- I. To transform Northwest Supports and Services Center into a center that supplies individually determined supports and services to people with developmental disabilities through a growing and diverse range of community options and resources operated and/or provided by the center.
- II. To provide residential and related services to people with developmental disabilities in a manner that is efficient, effective and supports choice and quality of life.

The Northwest Supports and Services Center Program includes the following activities:

- Transition of Northeast Supports and Services Center and Downsizing of Northwest Supports and Services Center through Privatization of Institutional Services - This activity manages one of the state-operated supports and services centers, which are part of Louisiana's continuum of developmental disability services, and implements plans for population downsizing and privatization of community residential programs along with closure of Northeast Supports and Services Center. Through implementation of the Office's Plan for Transformation of Public Developmental Centers to Supports and Services Centers (March 2007), Northwest will transition 20% of its population to community residential options operated by private providers. The remaining Northwest residents will continue to receive services at the Northwest center. Following Title XIX (Medicaid) regulations, the center's comprehensive services and supports are administered by direct support, professional, health care, support and administrative staff. In the plan for closure of Northeast, some of its residents will transfer to Northwest and others will transition to private providers. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.
- Northwest - Community Resources/Resource Center/Community Support Teams - This activity directs and manages the Northwest Supports and Services Center's Resource Center, including the Community Support Team, which provide training, consultation, and technical assistance to service and caregiver resources in the community (i.e., private support staff agencies, community homes, families, and schools) to meet the behavior and psychiatric support needs of persons with disabilities in existing community settings and avoid institutional placement. The activity uses public resources to expand private service capacity and assist the private sector in meeting higher, needed standards of care for people with disabilities.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$0	\$28,328,083	408	Institutional Services - provide institutional health care services to people with developmental disabilities. This supports and services center is located in Bossier City.
\$228,997	\$1,552,905	20	Community Services - provide training, consultation and technical assistance to caregiver resources such as private staff agencies, families and schools to serve people with disabilities in the community.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$228,997	\$29,880,988	428	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Northwest Supports and Services Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 228,997	\$ 228,997	\$ 228,997	\$ 228,997	\$ 228,997	\$ 0
State General Fund by:						
Total Interagency Transfers	35,916,542	36,649,371	36,684,002	37,184,433	28,760,445	(7,923,557)
Fees and Self-generated Revenues	100,755	891,546	891,546	891,546	891,546	0
Statutory Dedications	142,500	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 36,388,794	\$ 37,769,914	\$ 37,804,545	\$ 38,304,976	\$ 29,880,988	\$ (7,923,557)
Expenditures & Request:						
Personal Services	\$ 26,282,217	\$ 27,294,732	\$ 27,294,732	\$ 28,027,681	\$ 19,964,403	\$ (7,330,329)
Total Operating Expenses	4,525,410	4,270,760	4,270,760	4,333,455	4,270,760	0
Total Professional Services	1,248,377	1,532,989	1,532,989	1,602,007	1,232,989	(300,000)
Total Other Charges	4,023,006	4,350,762	4,350,762	4,137,343	4,208,346	(142,416)
Total Acq & Major Repairs	309,784	320,671	355,302	204,490	204,490	(150,812)
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 36,388,794	\$ 37,769,914	\$ 37,804,545	\$ 38,304,976	\$ 29,880,988	\$ (7,923,557)
Authorized Full-Time Equivalents:						
Classified	632	632	632	619	427	(205)
Unclassified	1	1	1	1	1	0
Total FTEs	633	633	633	620	428	(205)



Source of Funding

The Northwest Supports and Services Center Program is funded with State General Fund, Interagency Transfers, and Fees and Self-generated Revenue. Interagency Transfers include Title XIX funds received from the Department of Health and Hospitals, Medical Vendor Payments Program, as reimbursement for services provided to Medicaid eligible residents; and payments for support services provided to the Pines Inpatient Substance Abuse Treatment Center. Fees and Self-generated Revenue includes receipts from employee meals and payments for services provided to patients based on a sliding fee scale.

Northwest Supports and Services Center Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Overcollections Fund	\$ 142,500	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 228,997	\$ 37,804,545	633	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
\$ 0	\$ 8,588	0	Civil Service Training Series
\$ 0	\$ 516,387	0	State Employee Retirement Rate Adjustment
\$ 0	\$ (8,084,301)	(205)	Personnel Reductions
\$ 0	\$ 204,490	0	Acquisitions & Major Repairs
\$ 0	\$ (320,671)	0	Non-Recurring Acquisitions & Major Repairs
\$ 0	\$ (34,631)	0	Non-recurring Carryforwards
\$ 0	\$ (206,324)	0	Risk Management
\$ 0	\$ (7,095)	0	Legislative Auditor Fees
Non-Statewide Major Financial Changes:			
\$ 228,997	\$ 29,880,988	428	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 228,997	\$ 29,880,988	428	Base Executive Budget FY 2010-2011
\$ 228,997	\$ 29,880,988	428	Grand Total Recommended



Professional Services

Amount	Description
\$46,400	Management and consulting services for accreditation consulting and training
\$51,827	Westaff Temporary Services
\$1,134,762	Medical & dental services contracts for the residents of the facility
\$1,232,989	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:
\$1,339,853	Long-term care provider fees paid to the Department of Health and Hospitals based on the number of occupied beds
\$65,173	Habilitation Contracts
\$130,738	Crisis management - Provide living arrangement for individuals when the demands are such that an alternative to current home living is necessary
\$135,000	Resident's Wages
\$162,220	Louisiana Mentor contracts
\$1,832,984	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$109,767	Office of Telecommunications Management (OTM) Fees
\$1,553,151	Office of Risk Management (ORM)
\$4,000	Division of Administration - State Printing Fees
\$32,743	Civil Service Fees
\$17,881	Uniform Payroll System (UPS) Fees
\$29,576	Legislative Auditor Fees
\$5,771	Comprehensive Public Training Program (CPTP) Fees
\$622,473	Special School District #1
\$2,375,362	SUB-TOTAL INTERAGENCY TRANSFERS
\$4,208,346	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$204,490	Replacement of equipment such as wheelchairs, refrigerator, ovens, ice machines, computers, furnitures, etc.
\$204,490	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

- 1. (KEY) Through the Transition of Northeast Supports and Services Center and Downsizing of Northwest Supports and Services Center activity, to decrease reliance on public institutions by people with developmental disabilities who do not have complex medical/behavioral needs through transition of Northeast (NE) Supports and Services Center, transfer of a percentage of NE residents to Northwest (NW) Supports and Services Center, and transition of the remaining NE residents, 20% of NW residents, and all community based living options to private providers.**

State Outcome Goal: The Transition of Northeast Supports and Services Center and Downsizing of Northwest Supports and Services Center mission is consistent with the goal of Better Health.

Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for developmental center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families. To accomplish policy priorities, target dollars will be utilized to: build capacity to address complex medical and behavioral problems in community services; and diversify state developmental center and private ICF/DD services into community-based settings.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities; 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of people transitioned from NW and NE Centers to private provider community options (LAPAS CODE - New)	Not Applicable	12	Not Applicable	Not Applicable	68	68
K	Census of Northeast Supports and Service Center Residential (LAPAS CODE - 8183)	34	69	34	34	0	0
K	Census of NW and NE Community Homes (LAPAS CODE - New)	Not Applicable	23	Not Applicable	Not Applicable	0	0
S	Number of accreditation outcomes for Council on Quality and Leadership in Supports for People with Disabilities met (LAPAS CODE - 22507)	13	13	13	13	13	13
Minimum of 13 out of 25 outcomes achieves accreditation.							
K	Percentage compliance with all Health Standards' Conditions of Participation in each annual review (LAPAS CODE - 22508)	100%	100%	100%	100%	100%	100%

2. (KEY) Through the Northwest Community Resources/Resource Center/Community Support Teams activity, to increase capacity building activities (technical assistance and training) by 10% above existing levels for private community providers, creating private sector community infrastructure to meet the complex needs of persons with developmental disabilities and support diversion of individuals from institutional care.

State Outcome Goal: The Northwest Community Resources/Resource Center/Community Support Teams mission is consistent with the goal of Better Health.

Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for developmental center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families. To accomplish policy priorities, target dollars will be utilized to: build capacity to address complex medical and behavioral problems in community services; and diversify state developmental center and private ICF/DD services into community-based settings.

Human Resource Policies Beneficial to Women and Families Link: his objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.



Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities; 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of individuals served by the Community Support Teams (CSTs) remaining in the community (LAPAS CODE - New)	Not Applicable	100%	Not Applicable	Not Applicable	85%	85%
K	Number of training, technical assistance, consultations, and training certifications delivered (LAPAS CODE - New)	Not Applicable	23	Not Applicable	Not Applicable	750	750
The number of professionals providing services will increase from 1 to 7 in 2010-2011.							



340_6000 — Pinecrest Supports and Services Center

Program Authorization: L.R.S. 28:380-444

Program Description

The mission of the Pinecrest Supports and Services Center Program is support people with developmental disabilities with quality of life and the attainment of personal goals.

The goals of the Pinecrest Supports and Services Center Program are:

- I. To transform Pinecrest Supports and Services Center into a center that supplies individually determined supports and services to people with developmental disabilities through a growing and diverse range of community options and resources operated and/or provided by the center.
- II. To provide residential and related services to people with developmental disabilities in a manner that is efficient, effective and supports choice and quality of life.

The Pinecrest Supports and Services Center Program includes the following activities:

- Downsizing of Pinecrest Supports and Services Center through Privatization of Institutional Services - This activity manages one of the state-operated supports and services centers, which are part of Louisiana's continuum of developmental disability services, and implements plans for population downsizing and privatization of community residential programs. Through implementation of the Office's Plan for Transformation of Public Developmental Centers to Supports and Services Centers (March 2007), the center will transition 20% of its population to community residential options operated by private providers. Additionally, the center will implement a plan to privatize its community homes, along with homes operated by Columbia and two operated by Leesville. The remaining Pinecrest residents will continue to receive services at the Pinecrest center. Following Title XIX (Medicaid) regulations, the center's comprehensive services and supports are administered by direct support, professional, health care, support and administrative staff. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.
- Pinecrest - Community Resources/Resource Center/Community Support Team - This activity directs and manages the Pinecrest Supports and Services Center Resource Center, including the Community Support Team and Psychologist, which provide training, consultation, and technical assistance to service and caregiver resources in the community (i.e., private support staff agencies, community homes, families, and schools) to meet the behavior and psychiatric support needs of persons with disabilities in existing community settings and avoid institutional placement. The activity uses public resources to expand private service capacity and assist the private sector in meeting higher, needed standards of care for people with disabilities.



- Therapeutic and Behavioral Treatment for Youth - Leesville Main Campus, Four Community Homes and Day Program - This activity will provide services and supports to individuals who require services beyond those provided in traditional Intermediate Care Facility settings, and for which the required services are not available in traditional community settings. It will address the gap which exists in the service delivery system for youth and young adults with developmental disabilities who may lose community placements and connections unless they receive targeted therapeutic services for psychiatric/behavioral issues. The activity includes continued operation of a 15-bed group home in Leesville that will move its operation from a large campus to a suitable community site and the operation of four community homes.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$52,215	\$94,442,911	1,351	Institutional Services - provide institutional health care services to people with developmental disabilities. This supports and services center is located in Pineville.
\$0	\$731,791	10	Community Services - provide training, consultation and technical assistance to caregiver resources such as private staff agencies, families and schools to serve people with disabilities in the community.
\$0	\$6,639,864	115	Therapeutic and Behavioral Treatment - provide services to youth with developmental disabilities involved in the court system who require specialized therapeutic, psychiatric and behavioral supports. The main campus and community homes are located in Leesville.
		11	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$52,215	\$101,814,566	1,487	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Pinecrest Supports and Services Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 27,017	\$ 52,215	\$ 52,215	\$ 52,215	\$ 52,215	\$ 0
State General Fund by:						
Total Interagency Transfers	108,714,177	116,769,315	116,879,143	118,589,308	99,056,683	(17,822,460)
Fees and Self-generated Revenues	1,612,612	2,487,186	2,487,186	2,487,186	2,415,849	(71,337)
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	289,819	289,819	289,819	289,819	289,819	0
Total Means of Financing	\$ 110,643,625	\$ 119,598,535	\$ 119,708,363	\$ 121,418,528	\$ 101,814,566	\$ (17,893,797)
Expenditures & Request:						
Personal Services	\$ 86,968,282	\$ 93,583,653	\$ 91,831,213	\$ 95,865,219	\$ 76,425,893	\$ (15,405,320)



Pinecrest Supports and Services Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Operating Expenses	10,124,990	10,129,378	10,129,378	10,273,749	10,129,378	0
Total Professional Services	1,289,955	1,842,268	1,842,268	1,862,533	1,842,268	0
Total Other Charges	11,158,912	13,283,581	13,283,581	12,595,062	12,595,062	(688,519)
Total Acq&Major Repairs	1,101,486	759,655	869,483	821,965	821,965	(47,518)
Total Unallotted	0	0	1,752,440	0	0	(1,752,440)
Total Expenditures & Request	\$ 110,643,625	\$ 119,598,535	\$ 119,708,363	\$ 121,418,528	\$ 101,814,566	\$ (17,893,797)
Authorized Full-Time Equivalents:						
Classified	1,859	1,848	1,848	1,764	1,459	(389)
Unclassified	17	17	17	17	17	0
Total FTEs	1,876	1,865	1,865	1,781	1,476	(389)

Source of Funding

The Pinecrest Supports and Services Center Program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenue, and Federal Funds. Interagency Transfers include Title XIX funds received from the Department of Health and Hospitals, Medical Vendor Payments Program, as reimbursement for services to Medicaid-eligible residents. Fees and Self-generated Revenue includes reimbursements for employee meals and laundry, and payments from residents for services based on a sliding fee scale. Federal Funds include Title XVIII reimbursement for services provided to Medicare-eligible patients from the federal Foster Grandparents Program pursuant to P. L. 94-113.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 52,215	\$ 119,708,363	1,865	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
0	154,654	0	Civil Service Training Series
0	2,006,750	0	State Employee Retirement Rate Adjustment
0	(19,164,510)	(389)	Personnel Reductions
0	821,965	0	Acquisitions & Major Repairs
0	(759,655)	0	Non-Recurring Acquisitions & Major Repairs
0	(109,828)	0	Non-recurring Carryforwards
0	(829,024)	0	Risk Management
0	1,078	0	Legislative Auditor Fees
0	(15,227)	0	UPS Fees



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
Non-Statewide Major Financial Changes:			
\$ 52,215	\$ 101,814,566	1,476	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 52,215	\$ 101,814,566	1,476	Base Executive Budget FY 2010-2011
\$ 52,215	\$ 101,814,566	1,476	Grand Total Recommended

Professional Services

Amount	Description
\$1,252,360	Medical & dental services contracts including physician, psychological, psychiatric, dental, radiology etc.
\$135,000	Mentor contract
\$71,000	Accreditation Quality review
\$51,000	Direct care staff training
\$332,908	Other professional services including medical director, professional counseling, dietitian services etc.
\$1,842,268	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
Other Charges:	
\$3,861,752	Long-term care provider fees paid to the Department of Health and Hospitals based on the number of occupied beds
\$289,022	Foster Grandparent Program - Federal Grant providing senior citizens the opportunity to provide one-on-one interaction with clients who are of school age, which provides a family-type relationship thus enhancing socialization and quality of life for clients
\$200,000	Client wages - provides compensation to those clients who work performing jobs for the agency
\$31,978	Indigents
\$60,000	Provides training to consumer and families through medical resource center
\$57,372	Crisis management - Provide living arrangement for individuals when the demands are such that an alternative to current home living is necessary
\$50,000	Health Support Services - provides for sitters for our hospitalized clients when required by hospital or treating physician. These services include providing personal care, assisting with ambulation and maintaining a safe environment for the clients.
\$104,815	Consumer Support Team
\$4,654,939	SUB-TOTAL OTHER CHARGES
Interagency Transfers:	
\$111,610	Office of Telecommunications Management (OTM) Fees
\$94,604	Uniform Payroll System (UPS) Fees



Other Charges (Continued)

Amount	Description
\$94,536	Department of Corrections work crews
\$6,240,633	Office of Risk Management (ORM)
\$33,293	Legislative Auditor fees
\$550,647	Department of Education-Special School District #1
\$31,152	Comprehensive Public Training Program (CPTP) Fees
\$559,000	Payment to Central Regional Laundry for laundry services
\$224,648	Civil Service Fees
\$7,940,123	SUB-TOTAL INTERAGENCY TRANSFERS
\$12,595,062	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$382,125	Replacement of wheelchairs, beds, fax machines, computers etc.
\$439,840	Major repairs to buildings, parking lot, heaters, air conditioning system, walkways, etc.
\$821,965	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

- (KEY) Through the Downsizing of Pinecrest Supports and Services Center, to decrease reliance on public institutions by people with developmental disabilities who do not have complex medical/behavioral needs through the transition of 20% of the population of Pinecrest to private providers, and transition of two Leesville, and all Pinecrest and Columbia Community homes to private providers.**

State Outcome Goal: The Downsizing of Pinecrest Supports and Services Center mission is consistent with the goal of Better Health.

Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for Supports and Services Center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families. To accomplish policy priorities, target dollars will be utilized to: build capacity to address complex medical and behavioral problems in community services; and diversify state developmental center and private ICF/DD services into community-based settings.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities; 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Number of people transitioned from center to private provider community options (LAPAS CODE - 22522)	30	12	23	23	97	97
K	Census of Pinecrest Community Homes, Columbia Community Homes and Leesville Non-Therapeutic Behavioral Community Homes (LAPAS CODE - New)	Not Applicable	69	Not Applicable	Not Applicable	0	0
S	Number of accreditation outcomes for Council on Quality and Leadership in Supports for People with Disabilities met (LAPAS CODE - 22516)	13	13	13	13	13	13
K	Percentage compliance with all Health Standards' Conditions of Participation in each annual review (LAPAS CODE - 22519)	100%	100%	100%	100%	100%	100%

2. (KEY) Through the Pinecrest Community Resources/Resource Center/Community Support Teams activity, to increase capacity building activities (technical assistance and training) by 10% above existing levels for private community providers, creating private sector community infrastructure to meet the complex needs of persons with developmental disabilities and support diversion of individuals from institutional care.

State Outcome Goal: The Pinecrest Community Resources/Resource Center/Community Support Teams mission is consistent with the goal of Better Health.



Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for Supports and Services Center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families. To accomplish policy priorities, target dollars will be utilized to: build capacity to address complex medical and behavioral problems in community services; and diversify state developmental center and private ICF/DD services into community-based settings.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities; 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of individuals served by the Community Support Team (CSTs) and Community Psychologist remaining in the community (LAPAS CODE - New)	Not Applicable	97%	Not Applicable	Not Applicable	85%	85%
K	Number of training, technical assistance, consultation, and training certifications delivered (LAPAS CODE - New)	Not Applicable	923	Not Applicable	Not Applicable	1,250	1,250



3. (KEY) Through the Therapeutic and Behavioral Treatment for Youth activity, to increase successful re-entry into traditional community setting for youth with developmental disabilities involved in the court system, who require specialized therapeutic, psychiatric and behavioral supports.

State Outcome Goal: The Therapeutic and Behavioral Treatment for Youth mission is consistent with the goal of Better Health.

Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for Supports and Services Center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families. To accomplish policy priorities, target dollars will be utilized to: build capacity to address complex medical and behavioral problems in community services; and diversify state developmental center and private ICF/DD services into community-based settings.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities/ 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of youth discharged who do not return to therapeutic program and who are not incarcerated within six months of discharge (LAPAS CODE - New)	Not Applicable	75%	Not Applicable	Not Applicable	65%	65%





340_8000 — Acadiana Region Supports and Services Center

Program Authorization: L.R.S. 28:380-444

Program Description

The mission of the Acadiana Region Supports and Services Center Program is to support people with developmental disabilities with quality of life and the attainment of personal goals.

The goal of the Acadiana Region Supports and Services Center Program is to provide residential and related services to people with developmental disabilities in a manner that is efficient, effective and supports choice and quality of life.

The Acadiana Region Supports and Services Center Program includes the following activities:

- Privatization of Acadiana Region Supports and Services Center through Contract - The activity involves privatization of Acadiana Region Supports and Services Centers by offering the Acadiana Parent Alliance Organization the option of becoming the provider by contract within the same funding in the existing year budget. The contract would include deliverables relative to strategies aimed at continued downsizing through transition of people to community living options operated by private providers. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.
- Acadiana - Community Resources/Community Support Teams - This activity directs and manages the Acadiana Region's Community Resources, including two Community Support Teams, which provide training, consultation, and technical assistance to service and caregiver resources in the community (i.e., private support staff agencies, community homes, families, and schools) to meet the behavior and psychiatric support needs of persons with disabilities in existing community settings and avoid institutional placement. The activity uses public resources to expand private service capacity and assist the private sector in meeting higher, needed standards of care for people with disabilities.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$100,038	\$814,117	10	Community Services - provide training, consultation and technical assistance to caregiver resources such as private staff agencies, families and schools to serve people with disabilities in the community.
\$0	\$15,358,342	0	Privatization - transfer the institutional services to a private provider. This center is located in Iota.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$100,038	\$16,172,459	10	Grand Total of Activities Recommended including Non T.O. FTE Ceiling



Acadiana Region Supports and Services Center Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 0	\$ 100,038	\$ 100,038	\$ 100,038	\$ 100,038	\$ 0
State General Fund by:						
Total Interagency Transfers	15,721,941	15,724,203	15,914,947	15,765,529	15,502,821	(412,126)
Fees and Self-generated Revenues	480,167	569,600	569,600	569,600	569,600	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 16,202,108	\$ 16,393,841	\$ 16,584,585	\$ 16,435,167	\$ 16,172,459	\$ (412,126)
Expenditures & Request:						
Personal Services	\$ 11,642,881	\$ 11,783,599	\$ 11,783,599	\$ 12,304,419	\$ 6,767,204	\$ (5,016,395)
Total Operating Expenses	1,416,373	1,400,903	1,400,903	1,418,452	1,400,903	0
Total Professional Services	196,593	204,048	204,048	211,992	104,048	(100,000)
Total Other Charges	2,290,396	2,549,706	2,549,706	2,451,984	7,851,984	5,302,278
Total Acq & Major Repairs	655,865	455,585	646,329	48,320	48,320	(598,009)
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 16,202,108	\$ 16,393,841	\$ 16,584,585	\$ 16,435,167	\$ 16,172,459	\$ (412,126)
Authorized Full-Time Equivalents:						
Classified	254	254	254	246	10	(244)
Unclassified	6	6	6	6	0	(6)
Total FTEs	260	260	260	252	10	(250)

Source of Funding

The Acadiana Region Supports and Services Center Program is funded with Interagency Transfers and Fees and Self-generated Revenue. Interagency Transfers include Title XIX funds received from the Department of Health and Hospitals, Medical Vendor Payments Program, as reimbursement for services provided to Medicaid-eligible residents. Fees and Self-generated Revenue includes payments for services provided to patients based on a sliding fee scale and reimbursement for meals served to employees and visitors.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 100,038	\$ 16,584,585	260	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
0	23,573	0	Civil Service Training Series
0	260,032	0	State Employee Retirement Rate Adjustment
0	0	(250)	Personnel Reductions
0	48,320	0	Acquisitions & Major Repairs
0	(455,585)	0	Non-Recurring Acquisitions & Major Repairs
0	(190,744)	0	Non-recurring Carryforwards
0	(91,923)	0	Risk Management
0	(5,799)	0	Legislative Auditor Fees
Non-Statewide Major Financial Changes:			
\$ 100,038	\$ 16,172,459	10	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 100,038	\$ 16,172,459	10	Base Executive Budget FY 2010-2011
\$ 100,038	\$ 16,172,459	10	Grand Total Recommended

Professional Services

Amount	Description
\$77,870	Medical & dental services contracts including physician, psychological, psychiatric, dental, radiology etc.
\$26,178	Other professional services including behavioral evaluation, professional counseling etc.
\$104,048	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
Other Charges:	
\$450,000	Long-term care provider fees paid to the Department of Health and Hospitals based on the number of occupied beds
\$74,270	Residential Support
\$193,600	Community Support Teams
\$6,044,367	Privatization contract



Other Charges (Continued)

Amount	Description
\$285,483	Crisis management - Provide living arrangement for individuals when the demands are such that an alternative to current home living is necessary
\$7,047,720	SUB-TOTAL OTHER CHARGES
Interagency Transfers:	
\$58,102	Office of Telecommunications Management (OTM) Fees
\$21,928	Civil Service Fees
\$691,971	Office of Risk Management (ORM)
\$10,496	Legislative Auditor Fees
\$1,467	Division of Administration - Statewide mail service
\$12,546	Uniform Payroll System (UPS) Fees
\$1,500	Postage
\$6,254	CPTP
\$804,264	SUB-TOTAL INTERAGENCY TRANSFERS
\$7,851,984	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$48,320	Replacement of computers, printers etc.
\$48,320	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

- (KEY) Through the Privatization of Acadiana Region Supports and Services Center activity, to decrease reliance on public institutions by people with developmental disabilities who do not have complex medical/behavioral needs through the transfer of Acadiana Region Supports and Services to a private provider within budget established for both the close down and private provider contract costs and transition of all community based living options to private providers. Acadiana Region Supports and Services' private provider will continue the required commitment to downsizing plan.**

State Outcome Goal: The Privatization of Acadiana Region Supports and Services Center mission is consistent with the goal of Better Health.

Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for Supports and Services Center's residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families. To accomplish policy priorities, target dollars will be utilized to: build capacity to address complex medical and behavioral problems in community services; and diversify state developmental center and private ICF/DD services into community-based settings.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.



Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities/ 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		S	Number of accreditation outcomes for Council on Quality and Leadership in Supports for People with Disabilities met (LAPAS CODE - 22548)	13	16	13	13
	Minimum 13 of 25 outcomes achieves accreditation.						
K	Percentage compliance with all Health Standards' Conditions of Participation in each annual review (LAPAS CODE - 22549)	100%	100%	100%	100%	100%	100%
K	Census of Acadiana Region Supports and Services Center (ARSSC) Large ICF/DD residential (LAPAS CODE - 22551)	78	75	71	71	59	59

2. (KEY) Through the Acadiana Region Community Resources/Community Support Teams activity, to increase capacity building activities (technical assistance and training) by 10% above existing levels for private community providers, creating private sector community infrastructure to meet the complex needs of persons with developmental disabilities and support diversion of individuals from institutional care.

State Outcome Goal: The Acadiana Region Community Resources/Community Support Teams mission is consistent with the goal of Better Health.



Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for developmental center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families. To accomplish policy priorities, target dollars will be utilized to: build capacity to address complex medical and behavioral problems in community services; and diversify state developmental center and private ICF/DD services into community-based settings.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities; 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of individuals served by the Community Support Team (CSTs) remaining in the community (LAPAS CODE - New)	Not Applicable	96%	Not Applicable	Not Applicable	85%	85%
K	Number of training, technical assistance, consultations, and training certifications delivered (LAPAS CODE - New)	Not Applicable	94	Not Applicable	Not Applicable	132	132



340_A000 — Auxiliary Account

Program Description

The mission of this program is to provide therapeutic activities to clients as approved by the treatment teams (Patient Recreation Fund Account).

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$0	\$1,198,528	4	Auxiliary - provide residents of supports and services centers with opportunities for paid work or related therapeutic activities as recommended by the support teams.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$0	\$1,198,528	4	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Auxiliary Account Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	996,350	1,194,634	1,194,634	1,201,388	1,198,528	3,894
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 996,350	\$ 1,194,634	\$ 1,194,634	\$ 1,201,388	\$ 1,198,528	\$ 3,894
Expenditures & Request:						
Personal Services	\$ 126,528	\$ 129,345	\$ 129,345	\$ 136,099	\$ 133,239	\$ 3,894
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	869,822	1,065,289	1,065,289	1,065,289	1,065,289	0
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0



Auxiliary Account Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Expenditures & Request	\$ 996,350	\$ 1,194,634	\$ 1,194,634	\$ 1,201,388	\$ 1,198,528	\$ 3,894
Authorized Full-Time Equivalents:						
Classified	4	4	4	4	4	0
Unclassified	0	0	0	0	0	0
Total FTEs	4	4	4	4	4	0

Source of Funding

The Auxiliary Account is funded with Fees and Self-generated Revenue. Fees and Self-generated Revenue is generated by the sale of merchandise in the patient canteen to finance the operation of the Patient Recreation Fund activities.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 0	\$ 1,194,634	4	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
0	3,894	0	State Employee Retirement Rate Adjustment
Non-Statewide Major Financial Changes:			
\$ 0	\$ 1,198,528	4	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 0	\$ 1,198,528	4	Base Executive Budget FY 2010-2011
\$ 0	\$ 1,198,528	4	Grand Total Recommended

Professional Services

Amount	Description
	This program does not have funding for Professional Services for Fiscal Year 2010-2011.



Other Charges

Amount	Description
	Other Charges:
\$1,065,289	Auxiliary - Patient Recreation Fund provides therapeutic activities to patients, as approved by treatment teams
\$1,065,289	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	This program does not have funding for Interagency Transfers for Fiscal Year 2010-2011.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$1,065,289	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.

Performance Information

- (SUPPORTING) Through the Auxiliary Services activity, to provide residents of supports and services centers with opportunities for paid work and/or therapeutic activities, as recommended by their support team.**

State Outcome Goal: The Auxiliary Services mission is consistent with the goal of Better Health.

Children's Budget Link: Linked to trend to home and community-based and individualized services for people with developmental disabilities, specifically: expansion of community living options for Supports and Services Center residents; and increased flexibility and self-direction in state supports for people with developmental disabilities living with their families.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of health care services to women, infants, and children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Links to Louisiana Health Care Reform Act through activities/strategies in six broad focus areas: Providing Care to the Uninsured, Creating Access to Appropriate Health Care Resources, Improving and Restructuring the Long-Term Care in Louisiana, Improving Health Education and Awareness, Improving Administrative Delivery of Health Care, and Focusing on Performance Outcomes Using Evidence-Based Principles.

Deficit Reduction Act: Linked through transformation activities moving from an institutionally-based, provider-driven system to a person-centered and customer-controlled mode.

Healthy People 2010: Linked to: Goal 1: Improve access to comprehensive, high quality health care services: 1-15: Increase the proportion of persons with long-term care needs who have access to the continuum of long-term care services. Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population: 6-4: Increase the proportion of adults with disabilities who participate in social activities; 6-7: Reduce the number of people with disabilities in congregate facilities, consistent with permanency planning principles; 6-8: Eliminate disparities in employment rates between working-aged adults with and without disabilities; and 6-11: Reduce the proportion of people with disabilities who report not having assistive devices and technology needed.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		S	Percentage of residents of supports and services centers who have paid work and/or therapeutic activities as recommended by their support team (LAPAS CODE - New)	Not Applicable	Not Applicable	Not Applicable	Not Applicable



09-351 — Office for Addictive Disorders



Agency Description

The mission of the Office for Addictive Disorders (OAD) is to enhance, provide, and ensure the best practices for treatment of alcohol, drug abuse and other addictive disorders, such as gambling, tobacco products and prevention services to the citizens of Louisiana.

The goals of the Office for Addictive Disorders are:

- I. To provide efficient and effective direction, policy development and planning, management information system, clinical and programmatic development, and financial and human resource management to the programs and services provided by the Office for Addictive Disorders.
- II. To use data-based decision-making to create an effective and efficient system of care for the treatment and prevention of addictive disorders.
- III. To close existing treatment and prevention gaps and provide a seamless system of care through a comprehensive array of community-based treatment as well as prevention services for individuals with addictive disorders and those at risk for developing addiction.
- IV. To improve the quality and effectiveness of treatment and prevention initiatives through the implementation of best practices and on-going development of the work force.

The Office for Addictive Disorders has the following human resources policies that are helpful and beneficial to women and children: an Affirmative Action Plan requiring equal opportunities for the recruitment, employment, training and promotion of all employees based solely on merit factors and prohibiting the use of gender and other non-merit factors; a Family and Medical Leave Policy to provide up to 12 work weeks of “job-protected” paid or unpaid leave during any 12-month period to eligible employees (regardless of gender and other non-merit factors) for certain specified family and medical reasons; a Leave for Classified Employees Policy to credit and grant leave in accordance with Civil Service Rules and provisions of the DHH leave policy. Leave is administered as uniformly and equitable as possible without regard to gender and other non-merit factors.

For additional information, see:

[Office for Addictive Disorders](#)

Substance Abuse & Mental Health Services Admin

National Clearinghouse for Alcohol & Drug Info

Office for Addictive Disorders Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 45,501,910	\$ 30,061,270	\$ 30,061,270	\$ 40,180,212	\$ 37,820,541	\$ 7,759,271
State General Fund by:						
Total Interagency Transfers	11,608,588	16,246,661	16,246,661	6,711,029	6,663,795	(9,582,866)
Fees and Self-generated Revenues	518,474	598,132	598,132	603,001	595,261	(2,871)
Statutory Dedications	6,730,644	6,090,013	6,090,013	6,024,317	5,548,180	(541,833)
Interim Emergency Board	152,833	0	531,167	0	0	(531,167)
Federal Funds	35,070,642	47,470,745	47,470,745	41,545,551	35,923,580	(11,547,165)
Total Means of Financing	\$ 99,583,091	\$ 100,466,821	\$ 100,997,988	\$ 95,064,110	\$ 86,551,357	\$ (14,446,631)
Expenditures & Request:						
Administration	\$ 2,764,300	\$ 3,123,556	\$ 3,123,556	\$ 3,219,461	\$ 3,107,949	\$ (15,607)
Prevention and Treatment	96,811,567	97,207,265	97,738,432	91,708,649	83,307,408	(14,431,024)
Auxiliary Account	7,224	136,000	136,000	136,000	136,000	0
Total Expenditures & Request	\$ 99,583,091	\$ 100,466,821	\$ 100,997,988	\$ 95,064,110	\$ 86,551,357	\$ (14,446,631)
Authorized Full-Time Equivalents:						
Classified	435	414	414	408	206	(208)
Unclassified	5	5	5	5	5	0
Total FTEs	440	419	419	413	211	(208)



351_1000 — Administration

Program Authorization: R.S. 36:258(E); R.S. 28:771 et seq.

Program Description

Office for Addictive Disorders (OAD)'s administrative program lends leadership support to the regional staff in the development of program expertise and planning and policy development under R.S. 36: 258(E).

The goals of the Administration program are:

- I. To provide efficient and effective direction (policy development and planning, management information systems, clinical and programmatic development, and financial and human resource management) to the programs and services provided by the Office for Addictive Disorders (OAD).
- II. To use data-based decision-making to create an effective and efficient seamless system of care for the treatment and prevention of addictive disorders.

Office for Addictive Disorders administration consists of task-oriented managerial, fiscal and support functions necessary to advance state health care goals, adhere to state and federal funding requirements, and meet the needs of consumers. The administration utilizes a functional organization structure that increases efficiency and effectiveness of the agency by maximizing use of the knowledge, experience, and skills of employees. These factors are considered when organizing individuals into functional teams to accomplish a given task. This organizational structure allows for adequate flexibility, employee empowerment, and continuous professional development. Administration also monitors prevention, inpatient, and outpatient activities for fidelity and quality improvement through the provision of training and technical assistance. Administrative functional teams include but are not limited to: 1) Policy, Planning & Partnerships, to review and update policy standards, and form and maintain collaborative partnerships with local, state, and federal organizations; 2) Workforce Development, Training, and Technical Assistance, to train the workforce in the implementation and fidelity of best practices and provide technical assistance to providers, regions, and districts; 3) Research, Evaluation, and Grant Writing; 4) Quality Improvement and Monitoring; 5) Special Initiatives, to include immediate project implementation and planning for sustainability; and 6) Operational Framework, to include human resources, fiscal management, and contracting. In addition, OAD administration monitors programs and collects data to drive outcome-based performance.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$1,254,871	\$3,107,949	22	Administration Activity - This activity oversees the operations and prevention and treatment activities of the Office for Addictive Disorders.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$1,254,871	\$3,107,949	22	Grand Total of Activities Recommended including Non T.O. FTE Ceiling



Administration Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 1,384,737	\$ 1,235,383	\$ 1,235,383	\$ 1,265,579	\$ 1,254,871	\$ 19,488
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	134,935	79,555	79,555	82,238	77,735	(1,820)
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	1,244,628	1,808,618	1,808,618	1,871,644	1,775,343	(33,275)
Total Means of Financing	\$ 2,764,300	\$ 3,123,556	\$ 3,123,556	\$ 3,219,461	\$ 3,107,949	\$ (15,607)
Expenditures & Request:						
Personal Services	\$ 1,985,750	\$ 2,357,676	\$ 2,357,676	\$ 2,422,513	\$ 2,309,947	\$ (47,729)
Total Operating Expenses	108,591	145,760	145,760	147,363	145,760	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	615,914	620,120	620,120	628,685	631,342	11,222
Total Acq & Major Repairs	54,045	0	0	20,900	20,900	20,900
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 2,764,300	\$ 3,123,556	\$ 3,123,556	\$ 3,219,461	\$ 3,107,949	\$ (15,607)
Authorized Full-Time Equivalents:						
Classified	24	21	21	20	20	(1)
Unclassified	2	2	2	2	2	0
Total FTEs	26	23	23	22	22	(1)

Source of Funding

The Administration program is funded with State General Fund, Interagency Transfers, Statutory Dedications, and Federal Funds. The Interagency Transfers were from the Department of Social Services and Drug Courts. The Statutory Dedications are the Overcollections Fund (R.S.39:100.21) and the Tobacco Tax Health Care Fund (R.S.47:841.1). (Per R.S. 39:36B. (8), see table below for a listing of expenditures out of each Statutory Dedication Fund.) The Federal Funds represent the Substance Abuse Prevention and Treatment Block Grant and the State Mental Health Data Infrastructure Grant for Quality Improvement from the National Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.



Administration Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Tobacco Tax Health Care Fund	\$ 79,555	\$ 79,555	\$ 79,555	\$ 82,238	\$ 77,735	\$ (1,820)
Overcollections Fund	55,380	0	0	0	0	0

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 1,235,383	\$ 3,123,556	23	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
1,341	67,049	0	State Employee Retirement Rate Adjustment
(910)	(45,482)	0	Salary Base Adjustment
(2,212)	(67,921)	(1)	Personnel Reductions
20,900	20,900	0	Acquisitions & Major Repairs
2,345	2,345	0	Rent in State-Owned Buildings
(601)	(601)	0	UPS Fees
0	7,696	0	Civil Service Fees
0	1,782	0	CPTP Fees
Non-Statewide Major Financial Changes:			
(1,375)	(1,375)	0	Adjustment for related benefits from other line items.
\$ 1,254,871	\$ 3,107,949	22	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 1,254,871	\$ 3,107,949	22	Base Executive Budget FY 2010-2011
\$ 1,254,871	\$ 3,107,949	22	Grand Total Recommended

Professional Services

Amount	Description
	This program does not have funding recommended for Professional Services for Fiscal Year 2010-2011.



Other Charges

Amount	Description
	Other Charges:
\$2,117	Westaff Temporary Services
\$2,117	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$432,582	Division of Administration - For rent in the Bienville building
\$67,459	Civil Service Fees
\$22,907	Uniform Payroll System (UPS) Fees
\$17,992	Comprehensive Public Training Program (CPTP) Fees
\$4,974	Printing, office supplies and physician desk references
\$83,311	Office of Telecommunications Management (OTM) Fees
\$629,225	SUB-TOTAL INTERAGENCY TRANSFERS
\$631,342	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$20,900	Funding for the replacement and repairs of obsolete, inoperable, or damaged equipment
\$20,900	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

- (KEY) Through the Administration activity, to enhance the efficiency and effectiveness of prevention and treatment by establishing policy, best practices, collaborative partnerships, and technical assistance to districts. The goal is to maintain at least 80% of the key performance indicators across a continuum of care.**

State Outcome Goals Link: #9 - Transparent, Accountable and Effective Government. Administration ensures the transparency, accountability, and effectiveness of OAD activities, funding, and outcomes through consistent monitoring, data collection, and reporting processes. Administration is efficient and cost-effective, with operating costs at 3.4%; all federal grant funds allow up to 15% for administrative costs, and contractual agreements within the Department of Health and Hospitals allow up to 12.5% for administrative costs. Administration ensures the effectiveness of its activities by utilizing performance indicators that have been identified as best practices at the national level and adopted by the Substance Abuse and Mental Health Services Administration. Administration not only advances the state outcome goal for Transparent, Accountable, and Effective Government, but also has a positive impact on Better Health, Public Safety, Education, Safe and Thriving Children and Families, and Diversified Economic Growth by maintaining the effectiveness of its prevention, inpatient, and outpatient treatment activities.

Children's Budget Link: Not Applicable.



Human Resource Policies Beneficial to Women and Families Link: OAD's Affirmative Action Plan requires equal opportunities for the recruitment, employment, training and promotion of all employees based solely on merit factors and prohibits the use of gender and other non-merit factors. OAD follows the Department of Health and Hospitals (DHH) Family and Medical Leave Policy to provide up to 12 work weeks of "job-protected" paid or unpaid leave during any 12-month period to eligible employees (regardless of gender and other non-merit factors) for certain specified family and medical reasons. OAD follows the DHH Leave for Classified Employees Policy to credit and grant leave in accordance with Civil Service Rules and provisions of the DHH leave policy. Leave is administered as uniformly and equitably as possible without regard to gender and other non-merit factors.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Office of National Drug Control Strategy: Goal 2: Increase the safety of American citizens by substantially reducing drug-related crime and violence. Goal 3: Reduce health and social costs to the public of illegal drug use.

Changing the Conversation: A National Plan Initiative (November 2000): Closing the Treatment Gap -- Recommendations: (Panel I); Improving and Strengthening Treatment Systems (Panel III); Connecting Services and Research (Panel IV); Addressing Workforce Issues (Panel V).

DHH State Health Policies and Budget Priorities (February 4, 2002) Targeting resources to health care that are: Efficient and Effective, Comprehensive, Accessible, Community-based and Individualized.

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
		K Percentage of key indicators met or exceeded by agency (LAPAS CODE - 10349)	80%	82%	80%	80%	80%



351_2000 — Prevention and Treatment

Program Authorization: R.S. 36:258(E); R.S. 28:771 et seq.

Program Description

The mission of the Treatment and Prevention Program is to enhance, provide, and ensure best practices for treatment of alcohol, drug abuse and other addictive disorders, such as gambling, tobacco products and prevention services to the citizens of Louisiana as mandated by R.S. 28:771 et seq.; R.S. 13: 5301-5304. Primary to this mission is the development and administration of clinical and programmatic expertise to improve the addiction treatment and prevention services delivery system in Louisiana.

The goals of the Prevention and Treatment program are:

- I. To improve the quality and effectiveness of treatment and prevention initiatives through the implementation of best practices and on-going development of the work force.
- II. To close existing treatment and prevention gaps and provide a seamless system of care through a comprehensive array of community-based treatment and prevention services for individuals with addictive disorders and those at risk for developing addictions.

There are three activities in this program: Outpatient Services, 24 Hour Residential Services, and Prevention Services.

- The purpose of the Outpatient Services activity is to provide treatment services that are delivered in community based non-residential settings and provide care for clients with alcohol, drug and compulsive gambling problems. These services allow individuals to remain in their communities and receive cost-effective care. Services include - but are not limited to – the following: screening/assessment, education, counseling (individual, group and family), pharmacological therapy, and relapse prevention. Outpatient services utilize practices that are evidence-based, outcome-oriented, and tailored to an individual's treatment needs and level of severity. There are two levels of outpatient care. One level involves "intensive outpatient services," which are provided at least three days a week in regularly scheduled sessions totaling a minimum of nine contact hours per week. The second level of care involves "outpatient services," which can range from one to eight hours per week.
- The purpose of the 24 Hour Residential Services activity is to provide inpatient treatment, which is part of a continuum of care, and provide services to persons experiencing moderate to severe addiction and assist them in the process of recovery. This level of care is necessary for individuals who have severe addictions, high relapse potential, are at risk for a range of withdrawal symptoms, and who lack a supportive recovery environment. It is a necessary step for many individuals in achieving abstinence and recovery, when outpatient services have not met their intensive needs. Inpatient treatment includes detoxification and counseling (individual, group, and family) for alcohol abuse, drug abuse, and compulsive gambling. To ensure that all individuals receive comprehensive care, pharmacological therapies are also available as needed. All essential inpatient services are available 24 hours a day in a free-standing residential setting. Treatment services utilize clinical tools and practices that are evidence-based and outcome-oriented. These residential services offer detoxification, inpatient and community based modalities as part of a continuum of care.



- The purpose of the Prevention Services activity is to fund universal, evidence-based prevention programs that have been proven to be effective in universal, selective, and indicated populations. Universal prevention programs address the entire population (national, local community, school, neighborhood), with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. Selective prevention programs target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment—for example, children of adult alcoholics, dropouts, or students who are failing academically. Indicated prevention programs are designed to prevent the onset of substance abuse in individuals who do not meet the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. Prevention Services are primarily provided in school settings through a partnership with local education authorities.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$16,879,004	\$35,320,780	139	Outpatient Services Activity - This activity provides care and treatment in community based non-residential settings for clients with alcohol, drug, and compulsive gambling problems.
\$19,686,666	\$40,243,077	35	24 Hour Residential Services Activity - This activity provides care and treatment in a free-standing residential setting to clients with moderate to severe addictions.
\$0	\$7,743,551	15	Prevention Services Activity - This activity funds evidence-based prevention programs targeted at subsets of Louisiana's population that are deemed to be at risk for substance abuse.
		113	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$36,565,670	\$83,307,408	302	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Prevention and Treatment Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 44,117,173	\$ 28,825,887	\$ 28,825,887	\$ 38,914,633	\$ 36,565,670	\$ 7,739,783
State General Fund by:						
Total Interagency Transfers	11,608,588	16,246,661	16,246,661	6,711,029	6,663,795	(9,582,866)
Fees and Self-generated Revenues	511,250	462,132	462,132	467,001	459,261	(2,871)
Statutory Dedications	6,595,709	6,010,458	6,010,458	5,942,079	5,470,445	(540,013)
Interim Emergency Board	152,833	0	531,167	0	0	(531,167)
Federal Funds	33,826,014	45,662,127	45,662,127	39,673,907	34,148,237	(11,513,890)



Prevention and Treatment Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Means of Financing	\$ 96,811,567	\$ 97,207,265	\$ 97,738,432	\$ 91,708,649	\$ 83,307,408	\$ (14,431,024)
Expenditures & Request:						
Personal Services	\$ 29,394,978	\$ 29,398,071	\$ 29,211,972	\$ 29,774,778	\$ 22,078,813	\$ (7,133,159)
Total Operating Expenses	4,134,512	3,340,612	3,871,779	3,189,962	3,972,512	100,733
Total Professional Services	1,208,263	1,419,488	1,419,488	1,411,686	1,211,298	(208,190)
Total Other Charges	60,905,204	63,049,094	63,049,094	57,307,223	55,998,885	(7,050,209)
Total Acq & Major Repairs	1,168,610	0	0	25,000	45,900	45,900
Total Unallotted	0	0	186,099	0	0	(186,099)
Total Expenditures & Request	\$ 96,811,567	\$ 97,207,265	\$ 97,738,432	\$ 91,708,649	\$ 83,307,408	\$ (14,431,024)
Authorized Full-Time Equivalents:						
Classified	411	393	393	388	186	(207)
Unclassified	3	3	3	3	3	0
Total FTEs	414	396	396	391	189	(207)

Source of Funding

The Prevention and Treatment program is funded from State General Fund, Interagency Transfers, Fees and Self-generated Revenues, Statutory Dedications, and Federal Funds. Interagency Transfers come from: (1) the Department of Social Services for Temporary Assistance for Needy Families (TANF) for non-medical substance abuse treatment services for women with dependent children; (2) the Supreme Court for treatment services to Drug Court clients. Fees and Self-generated Revenues include: (1) fees from patients for services provided based on a sliding fee scale, (2) co-payments on urine drug screens, (3) Driving While Intoxicated (DWI) fees paid for prevention and treatment services provided to DWI offenders, and (4) reimbursement for meals provided to employees and visitors at inpatient treatment facilities. Statutory Dedications include the Addictive Disorders Professionals Licensing and Certification Fund (R.S.37:3390.6), the Overcollections Fund (R.S.39:100.21), the Compulsive and Problem Gaming Fund (R.S.28:842), and the Tobacco Tax Health Care Fund (R.S.47:841.1). (Per R.S. 39:36B. (8), see table below for a listing of expenditures out of each Statutory Dedication Fund.) Federal Funds include Title XVIII for services provided to Medicare eligible patients, funds provided by the Bureau of Prisons, and the following grants: Substance Abuse Prevention and Treatment Block Grant, Access to Recovery Grant, State Incentive Grant, Shelter Plus Grant, and State Mental Health Data Infrastructure Grant for Quality Improvement.



Prevention and Treatment Statutory Dedications

Fund	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Tobacco Tax Health Care Fund	\$ 3,442,079	\$ 3,442,079	\$ 3,442,079	\$ 3,442,079	\$ 2,970,445	\$ (471,634)
Compulsive & Problem Gaming Fund	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	0
Addictive Disorders Prof Licensing and Cert Fund	0	68,379	68,379	0	0	(68,379)
Overcollections Fund	653,630	0	0	0	0	0

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 28,825,887	\$ 97,738,432	396	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
6,242	17,554	0	Civil Service Training Series
222,239	610,060	0	State Employee Retirement Rate Adjustment
(141,920)	(518,405)	0	Salary Base Adjustment
(125,262)	(334,030)	0	Attrition Adjustment
(151,325)	(393,053)	(6)	Personnel Reductions
25,000	25,000	0	Acquisitions & Major Repairs
(100,000)	(100,000)	0	Non-Recurring Acquisitions & Major Repairs
0	(531,167)	0	Non-recurring IEBs
(4,032)	(7,420)	0	Risk Management
Non-Statewide Major Financial Changes:			
9,500,000	0	0	Means of financing substitution to replace the Social Services Block Grant (SSBG) from Medicaid with State General Fund in the Outpatient Services and 24 Hour Residential Services activities.
0	(68,379)	0	Non-recur of funding from the Addictive Disorders Professional Licensing and Certification Fund. The revenues from fees for certification and testing for addictive disorder professionals have been transferred to the Addictive Disorders Regulatory Authority (ADRA).
0	(6,308,058)	0	Non-recur of the federal Access to Recovery Grant 2 (ATR2), which ends on September 30,2010. The program will be continued with State General Fund for FY2011.
(30,771)	(858,057)	0	Adjustments for Related Benefits in Prevention and Treatment.
(420,340)	(1,200,000)	0	Annualization of the reduction of low performing contracts that are not in Districts in the Outpatient Services activity. This reduction was part of OAD's mid year FY2010 reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
0	(4,600,000)	0	Non-recur of excess Federal budget authority based upon analysis of FY07-09 actual expenditures.



Major Changes from Existing Operating Budget (Continued)

General Fund	Total Amount	Table of Organization	Description
(2,500,000)	(2,500,000)	(173)	Savings from Residential Treatment Units that are not in districts being privatized. This privatization is part of OAD's initiatives for FY2011.
2,370,340	2,370,340	0	Continued funding of activities related to the Access to Recovery 2 Grant.
0	0	(28)	OAD is entering into an Interagency Transfer Agreement with the South Central Louisiana Human Services Authority. As part of the agreement, OAD is reducing Personal Services by \$2,301,129, Operating Expenses by \$418,606, Professional Services by \$599,394, and Other Charges by \$3,903,502 and transferring \$7,222,631 via IAT to SCLHSA. 28 T.O. FTEs will be transferred to SCLHSA as non T.O. FTEs, but OAD will retain control of the T.O. FTEs for FY11.
161,844	1,036,823	0	Non TO FTE Adjustments for Prevention and Treatment.
(546,832)	(546,832)	0	Annualization of the Access To Recovery program cap of administrative costs at 2.5%, elimination of 4 low performing contractors, and additional efficiencies of 1% in other charges contract reductions. These reductions were part of OAD's FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
(300,400)	(300,400)	0	Annualization of the reduction of addictive disorders contract services at the Florida Parishes Human Services Authority in the Outpatient Services and 24 Hour Residential Services activities. This reduction was part of OAD's FY2010 mid year reductions pursuant to Executive Order BJ2009-21, Executive Branch - Expenditure Reduction.
(225,000)	(225,000)	0	Non-recur one-time funding for Special Legislative Projects (SLP)
\$ 36,565,670	\$ 83,307,408	189	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 36,565,670	\$ 83,307,408	189	Base Executive Budget FY 2010-2011
\$ 36,565,670	\$ 83,307,408	189	Grand Total Recommended

Professional Services

Amount	Description
\$861,377	Medical services to include physician services, psychiatric services, psychological services, and HIV counseling and testing.
\$25,656	Interpreting services for hearing impaired clients in compliance with Americans with Disabilities Act of 1990.
\$324,265	Other services contracts as needed to include dietitian, consultants, computer software specialists, speakers, etc.
\$1,211,298	TOTAL PROFESSIONAL SERVICES

Other Charges

Amount	Description
	Other Charges:



Other Charges (Continued)

Amount	Description
\$4,528,443	Inpatient treatment services provides a therapeutic environment for citizens diagnosed with substance abuse disorders (chemical dependency, addiction, etc.), who due to the severity of the disorder, cannot achieve recovery in a less restrictive environment; non-acute treatment for citizens suffering from alcohol and other addiction problems; and non-acute treatment to compulsive and problem gamblers.
\$1,692,832	Halfway House Services
\$87,277	Recovery Homes
\$810,529	Acute Care-Detox Services. Non-Medical Detox Services provides non-medical supervised support services to persons undergoing detoxification after a prolonged period of alcohol and/or drug abuse.
\$1,780,109	Community-based services include structured supportive living environment for both adult and adolescent males and females after completing a formalized primary care treatment program; treatment in a highly structured environment designed to treat substance abusers who have demonstrated a pattern of recidivism need for long term residential treatment; and the development of group homes for recovering substance abusers.
\$2,529,047	Outpatient treatment services provides an array of services to addictive and abusing individuals and their families at the community level that is least restrictive and less costly to access than formalized inpatient treatment services. These services are designed to bring the addictive process to remission and to support individual and family growth to sustain recovery. Standardized core services of this component include: counseling (for individuals, families, groups and couples), intensive day treatment, medical services, educational services, drug screens, case management, and aftercare services to both children/youth and adults statewide.
\$2,292,550	Prevention services provides the most cost effective approach for achieving success in the war against drugs, which is to lessen the demand for the substance. The aim of prevention contracts is to create a social environment in which substance abuse is unacceptable, focusing on those at highest risk, which includes youth in high crime and drug abuse areas, school dropouts and those experiencing difficulty in school, parents of those children, young adults and pregnant women.
\$7,058,962	Access to Recovery Grant- This grant is to promote an increase to recovery access to those individuals suffering with addictive disorders by offering a freedom of choice electronic vouchers system.
\$1,588,571	State Incentive Grant (SIG)- Funds from a federal grant that are used to optimize the application of state and federal substance funding streams and resources by enabling states to fill identified gaps with effective and promising community based prevention approaches targeted towards marijuana and other drug use by youth.
\$572,342	Gambling- According to R.S. 28:841, compulsive or problem gambling programs shall include provision for a twenty-four hour, toll-free telephone service, operated by persons with knowledge of programs and services available to assist persons suffering from compulsive or problem behavior. The funds are used for billboards posted throughout the State of Louisiana containing the toll-free number.
\$1,426,526	TANF/FITAP- These funds are used to provide substance abuse treatment to DSS clients who are TANF/FITAP eligible. These clients receive a variety of services such as outpatient, inpatient, detox, community-based, residential treatment. These funds are also used to provide special services for women and their children.
\$24,367,188	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$470,107	Office of Risk Management (ORM)
\$9,650	Printing
\$6,183,992	Metropolitan Human Services District
\$7,297,781	Capital Area Human Services District
\$6,433,704	Florida Parishes Human Services Authority
\$1,986,990	Jefferson Parish Human Services Authority
\$358,300	East Louisiana State Hospital - Operating expenses for Greenwell Springs Hospital adolescent inpatient unit
\$224,700	Central Louisiana State Hospital - Operating expenses of Red River Treatment Center inpatient facility
\$156,000	Department of Revenue - Perform alcohol and tobacco compliance checks
\$7,590,008	South Central Louisiana Human Services District - Initial startup funding
\$5,000	Northwest Development Center
\$200,000	Department of Social Services - Shared office spaces
\$41,760	Mental Health Area C
\$673,705	Office of Telecommunication



Other Charges (Continued)

Amount	Description
\$31,631,697	SUB-TOTAL INTERAGENCY TRANSFERS
\$55,998,885	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
\$45,900	Funding for the replacement and repairs of obsolete, inoperable, or damaged equipment
\$45,900	TOTAL ACQUISITIONS AND MAJOR REPAIRS

Performance Information

- 1. (KEY) Through the Outpatient Services activity to improve the health and safety of citizens by increasing abstinence from alcohol, drugs, and compulsive gambling. Treatment for addictive disorders can reduce crime, workforce problems, child abuse, school drop-out rates, STD's & other diseases, and related accidents.**

State Outcome Goals Link: #7 - Better Health. Outpatient treatment advances the state goal of "Better Health." Increased abstinence reduces the transmission of HIV/AIDS, syphilis, and hepatitis, and it reduces the incidence of diseases such as cirrhosis, cancer, and heart disease. Increased abstinence reduces birth defects and infant mortality rates. Community based outpatient services allow individuals to receive treatment consistent with their needs while living and functioning in their communities. Outpatient treatment encourages personal health care responsibility, reduces the potential for relapse, and reduces the need for more expensive inpatient treatment. Outpatient services utilize evidence-based practices to maximize treatment outcomes and cost-effectiveness. Outpatient treatment also has an impact on the following state goals: 1)Public Safety. Outpatient treatment reduces drug and alcohol related crimes by encouraging personal responsibility and healthy behaviors. Outpatient treatment reduces the incidence of drug and alcohol related traffic injuries and fatalities through intervention and court-mandated treatment for persons convicted of DWI's. 2)Education. Through early intervention and prevention efforts, outpatient treatment decreases school drop-out rates and increases academic performance. 3)Safe and Thriving Children and Families. Outpatient treatment promotes competent parenting by increasing abstinence and personal responsibility. Sober parents are better able to care for their children. 4)Diversified Economic Growth. Outpatient treatment enhances economic growth by increasing the numbers of employable citizens who can produce quality work in a safe manner.

Children's Budget Link: These programs provide intensive outpatient treatment for adolescents in need of substance abuse treatment. They provide services to a client that last two or more hours per day for three or more days per week for a total of 9 hours per week. This is in keeping with the mission of the agency because it responds to the treatment of individuals and communities affected by substance abuse problems in Louisiana. Adolescents, their families and the community as a whole benefit from this service because it enables individuals to return to their families and the community and regain a productive level of functioning.

Human Resources Policies Beneficial to Women and Families Link: The Office for Addictive Disorders enforces a statewide policy which provides priority admissions for pregnant females and women with dependent children, for both state and contract providers. This policy is included in all social contracts.

Other Link(s): Goal 26 in Healthy People 2010 to "reduce substance abuse to protect the health, safety, and quality of life for all, especially children".

Office of National Drug Control Strategy: Goal 2: Increase the safety of American citizens by substantially reducing drug-related crime and violence. Goal 3: Reduce health and social costs to the public of illegal drug use.

Changing the Conversation: A National Plan Initiative (November 2000): Closing the Treatment Gap --Recommendations: (Panel I); Improving and Strengthening Treatment Systems (Panel III); Connecting Services and Research (Panel IV); Addressing Workforce Issues (Panel V).

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Outpatient: Percentage of clients with arrest free status at the end of treatment (LAPAS CODE - New)	Not Applicable	Not Available	Not Applicable	95%	95%	95%
K	Outpatient: Percentage of clients who are abstinent at the end of treatment (LAPAS CODE - New)	Not Applicable	Not Available	Not Applicable	50%	50%	50%
K	Outpatient: Percentage of clients with employment/student status at the end of treatment (LAPAS CODE - New)	Not Applicable	Not Available	Not Applicable	37%	37%	37%
K	Outpatient: Percentage of individuals successfully completing the program (LAPAS CODE - 17377)	57%	68%	65%	65%	65%	65%
S	Outpatient: Readmission rate (LAPAS CODE - 8211)	18%	19%	18%	18%	18%	18%
K	Outpatient Compulsive Gambling: Percentage of individuals successfully completing the program (LAPAS CODE - 3008)	73%	83%	69%	69%	69%	69%

Prevention and Treatment General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Total admissions: Outpatient (LAPAS CODE - 2976)	13,373	8,600	12,659	9,152	9,265
Total admissions: Outpatient Gambling (LAPAS CODE - 3003)	954	240	564	402	551
Percentage of positive responses on client satisfaction questionnaire: Outpatient (LAPAS CODE - 8210)	96%	97%	95%	95%	97%
Percentage of positive responses on client satisfaction questionnaire: Outpatient Gambling (LAPAS CODE - 11592)	82%	99%	95%	100%	100%
Number of individuals successfully completing the program: Outpatient (LAPAS CODE - 17378)	6,576	4,347	7,767	6,073	6,300
Number of individuals successfully completing the program: Outpatient Gambling (LAPAS CODE - 17379)	309	160	201	36	457
Cost per service provided: Outpatient (LAPAS CODE - 11564)	\$ 39	\$ 34	\$ 37	\$ 38	\$ 38
Cost per service provided: Outpatient Gambling (LAPAS CODE - 3011)	\$ 14	\$ 10	\$ 11	\$ 11	\$ 87
Number of services provided: Outpatient (LAPAS CODE - 10386)	351,727	288,215	288,044	334,227	369,592
Number of services provided: Outpatient Gambling (LAPAS CODE - 3007)	66,962	25,458	48,340	56,572	8,531

2. (KEY) Through the 24-Hour Residential Services activity, to improve the health and safety of citizens by increasing abstinence from alcohol, drugs, and compulsive gambling. Treatment for addictive disorders can reduce crime, workforce problems, child abuse, school drop-out rates, STD's & other diseases, and related traffic accidents.

State Outcome Goals Link: #7 - Better Health. Inpatient treatment advances the state goal of "Better Health." By reducing substance use disorders, the transmission of diseases such as HIV/AIDS, syphilis, and hepatitis, and diseases such as cirrhosis, cancer, and heart disease are reduced. A reduction in addictions reduces birth defects and the infant mortality rate. Inpatient treatment provides a stable environment and the support need to overcome the barriers to recovery and abstinence. Clients learn personal health responsibility, which facilitates success re-entry into society. The evidence-based services provided during inpatient treatment are tailored to the individual's needs and maximize treatment outcomes and cost-effectiveness. Upon successful completion of an inpatient program, individuals "step down" to outpatient services to maintain recovery. Inpatient treatment also has an impact on other state outcome goals in the following ways: 1)Public Safety. Inpatient treatment reduces drug related crimes and recidivism by encouraging personal responsibility and healthy pro-social behaviors. Inpatient treatment reduces the incidence of alcohol related traffic injuries and fatalities through intervention and court-mandated treatment for persons convicted of DWI's. 2)Education. While in inpatient treatment, adolescents continue their education in preparation for return to school (or other vocational



training). This educational preparation, in conjunction with increased abstinence, has the potential to decrease the school drop-out rate. 3)Safe and Thriving Children and Families. Inpatient treatment promotes competent parenting by increasing abstinence and personal responsibility. Sober parents are better able to care for their children. 4)Diversified Economic Growth. Inpatient treatment enhances economic growth by increasing the numbers of employable citizens who can produce quality work in a safe manner.

Children's Budget Link: These programs provide intensive inpatient treatment for adolescents in need of substance abuse treatment. They operate 24 hours a day, seven days a week and provide medical and psychiatric care as warranted. This is in keeping with the mission of the agency because it responds to the treatment of individuals and communities affected by substance abuse problems in Louisiana. Adolescents, their families and the community as a whole benefit from this service because it enables individuals to return to their families and the community and regain a productive level of functioning.

Human Resources Policies Beneficial to Women and Families Link: The Office for Addictive Disorders enforces a statewide policy which provides priority admissions for pregnant females and women with dependent children, for both state and contract providers. This policy is included in all social contracts.

Other Link(s): Goal 26 in Healthy People 2010 to "reduce substance abuse to protect the health, safety, and quality of life for all, especially children".

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Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of clients who are abstinent at the end of treatment (LAPAS CODE - New)	Not Applicable	Not Available	Not Applicable	65%	65%	65%
K	Percentage of successful completions (LAPAS CODE - New)	Not Applicable	Not Available	Not Applicable	75%	75%	75%
K	Social Detox-Percentage of individuals successfully completing the program (LAPAS CODE - 2918)	85%	89%	87%	87%	87%	87%
S	Average daily census (LAPAS CODE - 2912)	36	30	27	27	27	27
K	Medically Supported Detox: Percentage of individuals successfully completing the program (LAPAS CODE - 17313)	82%	78%	85%	85%	85%	85%



Performance Indicators (Continued)

Level	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
S	Medically Supported Detox: Average daily census (LAPAS CODE - 17314)	73	41	91	91	41	41
The standard for this indicator was based on an incorrect number of beds. The FY2008 figure was 29. Additional beds became operational at the Brisco Facility during FY2009, and the 4th quarter for FY2009 was 41.							
K	Primary Inpatient Adult: Percentage of individuals successfully completing the program (LAPAS CODE - 17360)	85%	85%	85%	85%	85%	85%
S	Primary Inpatient Adult: Average daily census (LAPAS CODE - 2926)	271	296	219	219	219	219
K	Primary Inpatient Adolescent: Percentage of individuals successfully completing the program (LAPAS CODE - 17363)	77%	70%	77%	77%	77%	77%
S	Primary Inpatient Adolescent: Average daily census (LAPAS CODE - 2939)	137	84	87	87	87	87
K	Inpatient Compulsive Gambling: Percentage of individuals successfully completing the program (LAPAS CODE - 17370)	80%	91%	86%	86%	86%	86%
S	Inpatient Compulsive Gambling: Average daily census (LAPAS CODE - 8216)	13	13	13	13	13	13
K	Community-Based Adult: Percentage of individuals successfully completing the program (LAPAS CODE - 2959)	65%	73%	75%	75%	75%	75%
S	Community-Based Adult: Average daily census (LAPAS CODE - 2952)	286	197	286	286	286	286
K	Community-Based Adolescent: Percentage of individuals successfully completing the program (LAPAS CODE - 8208)	71%	74%	70%	70%	70%	70%
S	Community-Based Adolescent: Average daily census (LAPAS CODE - 2965)	24	15	18	18	18	18



Prevention and Treatment General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Cost per client day: Detoxification (Social) (LAPAS CODE - 10359)	\$ 35	\$ 35	\$ 35	\$ 37	\$ 38
Utilization Percentage: Social Detox (LAPAS CODE - 17022)	90%	95%	100%	88%	97%
Utilization Percentage: Detoxification (Medically Supported) (LAPAS CODE - 17316)	91%	53%	53%	78%	78%
Utilization Percentage: Inpatient (Adult) (LAPAS CODE - 11815)	98%	88%	85%	95%	94%
Utilization Percentage: Inpatient (Adolescents) (LAPAS CODE - 11816)	94%	90%	99%	92%	87%
Utilization Percentage: Inpatient Gambling (LAPAS CODE - 8217)	83%	71%	100%	88%	90%
Utilization Percentage: Community-based (Adult) (LAPAS CODE - 11550)	95%	98%	99%	115%	96%
Utilization Percentage: Community-based (Adolescents) (LAPAS CODE - 11552)	80%	73%	78%	84%	74%
Total admissions: Social Detox (LAPAS CODE - 17240)	2,373	1,577	3,795	1,050	1,092
Total admissions: Medically Supported Detox (LAPAS CODE - 17357)	1,013	755	1,170	1,710	1,911
Total admissions: Inpatient Adult (LAPAS CODE - 2929)	5,136	2,680	3,842	3,362	3,605
Total admissions: Inpatient Adolescent (LAPAS CODE - 2942)	535	565	520	518	495
Total admissions: Inpatient Gambling (LAPAS CODE - 8218)	187	172	163	152	152
Total admissions: Community-based Adults (LAPAS CODE - 2955)	1,182	856	1,082	726	742
Total admissions: Community-based Adolescents (LAPAS CODE - 2968)	95	53	58	58	49
Number of beds: Social Detox (LAPAS CODE - 17241)	51	39	27	31	31
Number of beds: Medically Supported Detox (LAPAS CODE - 17358)	16	16	40	37	52
Number of beds: Inpatient (Adults) (LAPAS CODE - 11810)	297	215	215	230	315
Number of beds: Inpatient (Adolescents) (LAPAS CODE - 11811)	81	93	85	97	97
Number of beds: Inpatient Gambling (LAPAS CODE - 11669)	18	18	16	16	14
Number of beds: Community-based (Adults) (LAPAS CODE - 11545)	312	203	203	203	206
Number of beds: Community-based (Adolescents) (LAPAS CODE - 11541)	39	39	20	20	20
Percentage of positive responses on client satisfaction questionnaire: Detoxification (LAPAS CODE - 8198)	91%	93%	99%	91%	78%



Prevention and Treatment General Performance Information (Continued)

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Percentage of positive responses on client satisfaction questionnaire: Inpatient Adult (LAPAS CODE - 17362)	97%	98%	98%	98%	97%
Percentage of positive responses on client satisfaction questionnaire: Inpatient Adolescent (LAPAS CODE - 17365)	88%	84%	83%	83%	89%
Percentage of positive responses on client satisfaction questionnaire: Inpatient Gambling (LAPAS CODE - 11672)	100%	100%	100%	100%	100%
Percentage of positive responses on client satisfaction questionnaire: Community-based Adult (LAPAS CODE - 8204)	94%	98%	98%	98%	98%
Percentage of positive responses on client satisfaction questionnaire: Community-based Adolescents (LAPAS CODE - 8206)	45%	100%	33%	75%	100%
Average length of stay in days: Social Detox (LAPAS CODE - 17242)	7	9	7	10	10
Average length of stay in days: Medically Supported Detox (LAPAS CODE - 17359)	5	7	7	6	8
Average length of stay in days: Inpatient (Adults) (LAPAS CODE - 11812)	33	28	27	28	29
Average length of stay in days: Inpatient (Adolescents) (LAPAS CODE - 11813)	51	52	55	59	56
Average length of stay in days: Inpatient Gambling (LAPAS CODE - 8221)	30	27	29	28	29
Average length of stay in days: Community-based (Adult) (LAPAS CODE - 11547)	67	80	68	76	89
Average length of stay in days: Community-based (Adolescents) (LAPAS CODE - 11548)	116	96	98	104	112
Number of individuals successfully completing the program: Social Detox (LAPAS CODE - 17237)	1,956	1,254	3,347	896	962
Number of individuals successfully completing the program: Medically Supported Detox (LAPAS CODE - 17315)	684	563	1,012	1,438	1,480
Number of individuals successfully completing the program: Inpatient Adult (LAPAS CODE - 17361)	4,401	2,238	3,350	2,747	3,004
Number of individuals successfully completing the program: Inpatient Adolescent (LAPAS CODE - 17364)	367	392	363	348	329
Number of individuals successfully completing the program: Inpatient Gambling (LAPAS CODE - 17371)	143	136	128	135	138
Number of individuals successfully completing the program: Community-Based Adult (LAPAS CODE - 17375)	710	549	741	547	542
Number of individuals successfully completing the program: Community-Based Adolescents (LAPAS CODE - 17376)	47	37	39	41	35



Prevention and Treatment General Performance Information (Continued)

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Cost per client day: Detoxification (Medically Supported) (LAPAS CODE - 10361)	\$ 132	\$ 141	\$ 109	\$ 174	\$ 173
Cost per client day: Inpatient Adult (LAPAS CODE - 11807)	\$ 104	\$ 123	\$ 117	\$ 155	\$ 132
Cost per client day: Inpatient Adolescent (LAPAS CODE - 11808)	\$ 132	\$ 127	\$ 132	\$ 150	\$ 166
The increase from 2006-2007 to 2007-2008 is the result of higher costs for adolescent treatment.					
Cost per client day: Inpatient Gambling (LAPAS CODE - 8224)	\$ 85	\$ 85	\$ 85	\$ 90	\$ 90
Cost per client day: Community-based Adult (LAPAS CODE - 2961)	\$ 35	\$ 35	\$ 50	\$ 52	\$ 44
Cost per client day: Community-based Adolescents (LAPAS CODE - 2972)	\$ 68	\$ 65	\$ 68	\$ 69	\$ 71

3. (KEY) Through the Prevention Services activity, to maintain the perception that the use of alcohol, tobacco, and other drugs is a health risk and use creates related consequences. In addition to addiction, other consequences include poor academic performance, school dropout, juvenile delinquency, violence, and mental health issues.

State Outcome Goals Link: #7 -- Better Health. Prevention services advances the state goal of Better Health. By preventing or delaying the onset of substance abuse, diseases such as cirrhosis, cancer, and heart disease can be delayed or prevented. By preventing alcohol, tobacco, and other drug use, infant mortality, birth defects, injuries and deaths related to impaired driving, violence, and suicide rates can be diminished. Prevention enhances an individual's understanding of the risk of substance abuse and promotes personal responsibility and to take an active part in the management of his or her own health. Prevention services also impacts the following additional state outcome goal of Education. By implementing evidence-based prevention programs, drop-out rates are decreased and academic achievement is increased.

Children's Budget Link: These programs provide prevention services for adolescents. Adolescents, their families, and the community as a whole benefit from these services because they provide individuals with the knowledge, skills, and attitudes that prevent or delay the abuse of alcohol, tobacco and other drugs. These services also impact and promote children's academic success, positive youth development, and the prevention of health and behavior problems.

OAD Policies Beneficial to Women and Families Link: OAD is committed to providing quality prevention services that positively impact adolescents and their families.

Other Link(s): Goal 26 in Healthy People 2010 to "reduce Substance abuse to protect the health, safety, and quality of life for all, especially children". 26-16: Increase the proportion of adolescents who disapprove of substance abuse. This is a focus of the prevention program. 26-23: Increase the number of communities using partnership or coalition models to conduct comprehensive substance abuse prevention efforts.

Office of National Drug Control Strategy: Goal 2: Increase the safety of American citizens by substantially reducing drug-related crime and violence. Goal 3: Reduce health and social costs to the public of illegal drug use.

Changing the Conversation: A National Plan Initiative (November 2000): Closing the Treatment Gap Recommendations: (Panel I); Improving and Strengthening Treatment Systems (Panel III); Connecting Services and Research (Panel IV); Addressing Workforce Issues (Panel V).

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2008-2009	Actual Yearend Performance FY 2008-2009	Performance Standard as Initially Appropriated FY 2009-2010	Existing Performance Standard FY 2009-2010	Performance At Continuation Budget Level FY 2010-2011	Performance At Executive Budget Level FY 2010-2011
K	Percentage of enrollees who complete evidence-based programs that maintain the perceived harm of substance use as demonstrated by analysis of pre and post-test data (LAPAS CODE - New)	Not Applicable	Not Available	Not Applicable	85%	85%	85%
S	Total number of participants enrolled (LAPAS CODE - 3014)	7,289	33,071	19,000	35,000	35,000	35,000

Prevention and Treatment General Performance Information

Performance Indicator Name	Performance Indicator Values				
	Prior Year Actual FY 2004-2005	Prior Year Actual FY 2005-2006	Prior Year Actual FY 2006-2007	Prior Year Actual FY 2007-2008	Prior Year Actual FY 2008-2009
Cost per participant enrolled (LAPAS CODE - 3016)	\$ 386	\$ 525	\$ 310	\$ 106	\$ 85



351_A000 — Auxiliary Account

Program Authorization: R.S. 36:258(E)

Program Description

The goal of the Patient Recreation Fund is to provide therapeutic activities to patients as approved by the treatment teams and for a revolving fund to make loans to recovering individuals for housing. These activities are funded by the sale of merchandise in the patient canteen, pay phone revenue, and initial funding from Federal Funds that are repaid by participants in the housing loans program.

Summary of Activities

General Fund	Total Amount	Table of Organization	Description
\$0	\$136,000	0	Auxiliary Account Activity - This activity is for funds generated by patient activities in the 24 Hour Residential Activity.
		0	Non T.O. FTE Ceiling Recommended for FY 2010-2011
\$0	\$136,000	0	Grand Total of Activities Recommended including Non T.O. FTE Ceiling

Auxiliary Account Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	7,224	136,000	136,000	136,000	136,000	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 7,224	\$ 136,000	\$ 136,000	\$ 136,000	\$ 136,000	\$ 0
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	7,224	136,000	136,000	136,000	136,000	0
Total Acq & Major Repairs	0	0	0	0	0	0



Auxiliary Account Budget Summary

	Prior Year Actuals FY 2008-2009	Enacted FY 2009-2010	Existing Oper Budget as of 12/1/09	Continuation FY 2010-2011	Recommended FY 2010-2011	Total Recommended Over/Under EOB
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 7,224	\$ 136,000	\$ 136,000	\$ 136,000	\$ 136,000	\$ 0
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The Patient Recreation Fund Account provides therapeutic activities to patients as approved by the treatment teams and a revolving fund to make loans to recovering individuals for housing. These activities are funded by Fees and Self-generated Revenues, including the sale of merchandise in the patient canteen, pay phone revenue and initial funding from Federal Funds that are repaid by participants in the housing loan program.

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 0	\$ 136,000	0	Existing Oper Budget as of 12/1/09
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
\$ 0	\$ 136,000	0	Recommended FY 2010-2011
\$ 0	\$ 0	0	Less Supplementary Recommendation
\$ 0	\$ 136,000	0	Base Executive Budget FY 2010-2011
\$ 0	\$ 136,000	0	Grand Total Recommended

Professional Services

Amount	Description
	This account does not have funding for Professional Services for Fiscal Year 2010-2011.



Other Charges

Amount	Description
Other Charges:	
\$4,000	Patient Recreation Fund - Joseph R. Briscoe Treatment Center
\$4,000	Patient Recreation Fund - Pines Treatment Center
\$22,000	Patient Recreation Fund - Spring of Recovery
\$3,000	Patient Recreation Fund - Red River Treatment Center
\$3,000	Patient Recreation Fund - Southern Oaks Addiction Recovery Treatment Center
\$100,000	Housing Fund to help patients secure housing
\$136,000	SUB-TOTAL OTHER CHARGES
Interagency Transfers:	
	This program does not have funding for Interagency Transfers for Fiscal Year 2010-2011.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$136,000	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	This program does not have funding for Acquisitions and Major Repairs for Fiscal Year 2010-2011.

